

**COMMUNITY TRANSITION PROGRAM**

**PORTLAND PUBLIC SCHOOLS**

**Work Readiness Evaluation**

Evaluation Period \_\_\_\_\_ to \_\_\_\_\_ 20\_\_

<b>Student:</b>	<b>Teacher:</b>
<b>VTS:</b>	<b>Worksite Leader:</b>

Worksite: \_\_\_\_\_

Days Possible:	
Days Present:	
Days Tardy:	


**Description of Worksite Duties:**


---





---

**Evaluation: 4 = Excels 3 = Proficient 2 = Emerging 1 = Needs Improvement**

	TIME MANAGEMENT		
	Work Readiness Skill	Progress	Evaluation
			<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

	COMMUNICATION		
	Work Readiness Skill	Progress	Evaluation
			<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

	QUALITY OF WORK		
	Work Readiness Skill	Progress	Evaluation
			<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

	WORK READINESS		
	Work Readiness Skill	Progress	Evaluation
			<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

**FOLLOW-UP GOALS AND IDEAS:**

\_\_\_\_\_  
Worksite Leader

\_\_\_\_\_  
Vocational Transition Specialist

\_\_\_\_\_  
Date

- CC: 1. Student/family  
 2. Classroom teacher (Teacher Took Kit)  
 3. Student work portfolio

\_\_\_\_\_  
Student Trainee

\_\_\_\_\_  
Date

**COMMUNITY TRANSITION PROGRAM  
PORTLAND PUBLIC SCHOOLS  
Work Experience Evaluation**  
Evaluation Period: \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_

<b>Student Name:</b>		<b>School:</b>
Worksite:		PPS#:
Teacher:		Phone:
Vocational Transition Specialist:		Cell Phone:
Worksite Leader:		Work Schedule:
Days Possible:	Days Present:	Days Tardy:

<b>Worksite Duties:</b>	<b>Vocational Training Goals:</b>
1.	
2.	
3.	
4.	

**Evaluation**

Based on Essential Vocational Skills

4 = Work-Ready 3=Proficient 2=Emerging 1=Needs Improvement N/A=Not applicable

<b>TIME MANAGEMENT:</b>		<b>QUALITY OF WORK:</b>	
Reports to work on time	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Able to transition to a variety of work tasks	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
Notifies work leader if absent/late	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Follows multi-step directions	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
Effectively manages breaks	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Completes work accurately	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
Independent time manager	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Seeks additional work/responsibility	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
		Completes job in a timely manner	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
<b>COMMUNICATION:</b>		<b>JOB READINESS:</b>	
Greetings "Look and smile"	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Dresses appropriate for work	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
Communicates effectively	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Meets employer standards for hygiene	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
Seeks assistance when needed	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Flexible and adapts to working environment	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
Accepts suggestions/criticisms	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>	Demonstrates problem-solving skills	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>
Works well with others	4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/>		

**SUMMARY (including data)**

--

**FOLLOW-UP GOALS AND IDEAS:**

--

Completed by:

\_\_\_\_\_  
Worksite Leader

\_\_\_\_\_  
Vocational Transition Specialist

\_\_\_\_\_  
Date

CC: 1. Student/family  
2. Classroom teacher (Teacher Took Kit)  
3. Student work portfolio

\_\_\_\_\_  
Student Trainee

\_\_\_\_\_  
Date