State of Oregon   
**Vocational Rehabilitation**Department of Human Services  
(541) 440-3371

**Work Performance Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: |  | Dates of Evaluation: |  |
| Position Title: |  | Job Site: |  |
| VR Counselor: |  | VR Counselor Ph#: |  |

**Please rate the individual by checking the Appropriate Boxes:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Needs Improvement | Acceptable | Above Average |
| Arrives at work on time and completes shift |  |  |  |
| Regularly exhibits good hygiene |  |  |  |
| Dresses appropriately for the job setting and task to be performed |  |  |  |
| Demonstrates the ability to learn necessary job skills |  |  |  |
| Works efficiently |  |  |  |
| Physical Capacity to hand the work |  |  |  |
| Follows safety procedures |  |  |  |
| Is friendly and courteous |  |  |  |
| Is a cooperative team member |  |  |  |
| Accepts constructive criticism and suggestions for improvement |  |  |  |
| Able to transition from task to task |  |  |  |
| Stays on task |  |  |  |
| Pays attention to detail |  |  |  |
| Follows written and verbal instructions well |  |  |  |
| Asks for assistance when needed |  |  |  |
| Communicates appropriately |  |  |  |
| Work Tolerance ( ability to manage stressful situations) |  |  |  |

OVERALL PERFORMANCE:  Above Average  Acceptable  Needs Improvement  
Would this individual be competitive for future employment in this career field?  Yes  No

|  |
| --- |
| Comments (Strengths/problem areas/need for change): |
|  |
|  |
|  |
|  |

Please send filled out Work Performance Evaluation to:   
Vocational Rehabilitation, 2020 NW Newcastle, Roseburg OR 97470

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Evaluator Name (print) |  | Evaluator Title |
|  |  |  |
| Signature |  | Signature Date |