

SYEP 2021

EMPLOYER EVALUATION OF YOUTH FORM

NAME: _____ JOB TITLE: _____

WORKSITE: _____ SUPERVISOR: _____

EVALUATION PERIOD: _____ FROM _____ TO _____

✓ **Appropriate box**
OR N/A if not applicable :

1: NEEDS WORK TO IMPROVE IN THIS AREA
 2: PERFORMANCE IS SATISFACTORY
 3: YOUTH IS ABOVE AVERAGE

EMPLOYEE	1	2	3	COMMENTS / EXAMPLES
Is dressed appropriately for work				
Arrives on time for work				
Has a positive attitude				
Is able to take direction well				
Is able to work independently				
Appears motivated and shows initiative				
Communicates and interacts well with others				
Communicates well with supervisor				
Meets or exceeds job goals and requirements				
Shows an ability to identify and solve problems				
Works well under stress				
Shows improvement in job performance				
Other:				

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYER / SUPERVISOR SIGNATURE: _____ DATE: _____

☐ Completed by Employer (2 required for each youth)
 ☐ Completed by Youth
 ☐ Reviewed with Youth