

Case mail to: Area Agency on Aging
 Senior Employment Program
 93 N. State St.
 Wilkes Barre, PA 18701

or Fax: (570) 970-9250



Senior Community Service Employment Program

Supervisor's Evaluation

Participant's Name: _____ Training Site Name: _____

I. Participant task performance

List tasks performed below	Excellent	Above Average	Average	Needs To Improve	Not Done
A.					
B.					
C.					
D.					
E.					
F.					

2. Are the tasks listed above the same as those listed on participant's training assignment description? _ Yes, _
 No

If not, explain: _____

3. In what ways could you upgrade the participant's job? _____

4. General participant performance:

Area Evaluated	Excellent	Above Average	Average	Needs To Improve	Not Done
A. Understanding the job					
B. Ability to learn new or upgrade old skills					
C. Initiative					
D. Ability to communicate					
E. Ability to solve problems					
F. Dependability in carrying out assignments					
G. Ability to work with other staff					
H. Ability to accept supervision					

 Supervisor's Signature

 Participant's Signature

Date: _____

Date: _____