



Site Based Work Experience Supervisor/Manager Evaluation of Student

**MCPS Form 280-81
August 2010**

Division of Career and Technology Education
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Student _____ School _____
Last First MI

Company Name _____

Address _____

Supervisor/Manager _____ Phone _____ - _____ - _____ E-mail _____

Time Period Covered ____/____/____ to ____/____/____

PART I: To be completed by the SBWE Coordinator and the supervisor/manager cooperatively at the beginning of each marking period (or other appropriate time).

PART II: To be completed by the employer or supervisor at the end of the marking period by checking an appropriate box for each skill.

**Skills To Be
Taught/Practiced**

Evaluation of Skills

	OUTSTANDING	GOOD	ACCEPTABLE	NEEDS IMPROVEMENT
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III: To be completed by the manager/supervisor at the end of the marking period by checking an appropriate box for each line.

	OUTSTANDING	GOOD	ACCEPTABLE	NEEDS IMPROVEMENT
Follows appropriate call-out procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phones when absent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observes safety and emergency procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solves problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes appropriate decisions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with coworkers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART IV: Comment from employer/supervisor

Career cluster of current position _____

PART V: Signatures required at end of grading period.

_____/_____/_____
Signature, Supervisor/Manager Date Signature, Student-trainee Date Signature, Teacher Coordinator Date

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