

Student Evaluation of Self

To be completed twice a month

Student Name: _____

Work Site: _____

Transition
Specialist: _____

School Site: _____

Please answer the following questions:

Circle Yes or No:

1. Were you late for work? Yes No
If yes, how often (estimate)? _____
2. Were you absent from work..... Yes No
If yes, how many times (estimate)? _____
3. Did you call in your absence(s)? Yes No N/A
4. Were there any discipline issues or problems at work? Yes No
If yes, please explain: _____

5. Was your Transition Specialist told about the issue(s) or problem(s)? Yes No N/A

Please write one or two sentences for the following questions:

What is something you did well at work? _____

What is something you can improve on? _____

How did the experience influence your career choice/goals? _____

Is there a skill you need some extra help with? _____

Student Signature: _____

Date: _____