

# SUBSIDIZED EMPLOYMENT SITE VISIT CHECKLIST

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_

Able Staff: \_\_\_\_\_

Company Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Please evaluate the Client and Worksite performance in the following areas:**

<b>Attendance &amp; Punctuality:</b>	<b>(1=needs improvement)</b>					<b>(5=great job)</b>
Reports on time to work site as scheduled	1	2	3	4	5	N/A
Stays within acceptable time limits for breaks	1	2	3	4	5	N/A
Communicates ahead of time if absent or late	1	2	3	4	5	N/A
<b>Work &amp; Learning:</b>						
Overall work performance	1	2	3	4	5	N/A
Ability to follow instructions & learn new tasks	1	2	3	4	5	N/A
Asks questions for clarity	1	2	3	4	5	N/A
Solves problems and makes decisions	1	2	3	4	5	N/A
Takes initiative and goes beyond expectations	1	2	3	4	5	N/A
Comfortable using computers/technology	1	2	3	4	5	N/A
<b>Communication:</b>						
Communicates effectively with supervisor/mentor	1	2	3	4	5	N/A
Cooperates with co-workers	1	2	3	4	5	N/A
Resolves conflict peacefully	1	2	3	4	5	N/A
Speaks clearly	1	2	3	4	5	N/A
Listens	1	2	3	4	5	N/A
Reads with understanding	1	2	3	4	5	N/A
Observes critically	1	2	3	4	5	N/A
<b>Worksite:</b>						
Client is performing work as outlined in the job description	1	2	3	4	5	N/A
Client is receiving appropriate guidance and training	1	2	3	4	5	N/A
Worksite is clean, safe and the client has a place to work	1	2	3	4	5	N/A
Client feels safe and supported at worksite	1	2	3	4	5	N/A

**Able Staff Comments:**

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