Return-to Work Candidate's Name_____Week ending _____
Total Hours worked in the week_____

SUPERVISOR'S WEEKLY EVALUATION FORM

Job Factors	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
ATTENDANCE			
PUNCTUALITY			
ATTITUDE			
FOLLOW THROUGH ON ASSIGNMENTS			
WILLINGNESS TO LEARN			
WRITTEN COMMUNICATION SKILLS			
VERBAL COMMUNICATION SKILLS			
ABILITY TO RELATE TO CO-WORKERS			
ABILITY TO ACCEPT SURPERVISION			
APPEARANCE			
TARGETED SKILLS			

COMMENTS: Please include information about what was learned/accomplished for the week, positive feedback, areas of concern, etc._____

_____

_____

_____

I would like to meet to discuss issues/concerns: ☐

_____ _____/_____/_____
On-site Supervisor's Signature Date Please FAX completed form to:

_____ (_____)_____ (_____)_____
Rehabilitation Specialist's Name Telephone # FAX #