



State of Hawaii
 Department of Human Services
 Benefit, Employment and Support Services Division

Employer ID No: _____

Date: _____

SEE PROGRAM
 1085 South Beretania St. Ste. 204
 Honolulu, Hawaii 96814

Return Form By: _____

SEE PARTICIPANT EVALUATION FORM

This evaluation form must be completed and returned by the date indicated above. The Department may withhold payment(s) to future reimbursement claim(s) if this form is not returned. Auth: HAR §§17-795-27, 17-795-36 and 17-795-47 to 62

Employer: _____

Participant Name: _____

Employer Address: _____

Date of Hire: _____

End Date: _____

Participant's Job Title: _____

Do you intend to retain the Participant as an employee after the SEE Agreement ends? Yes No

If no, please explain why. _____

EVALUATION OF SEE PARTICIPANT

We appreciate your cooperation in carefully rating the participant's traits and skills using the criteria listed below. Please discuss this evaluation with the participant. Both the site supervisor and the participant must sign at the bottom and return it to the SEE Job Retention Coach (JRC) listed below.

EVALUATION: Please rate the participant 1 thru 5, 1 being "Needs Improvement" and 5 being "Excellent".

CRITERIA	RATING SCALE				
Promptness and overall attendance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Acceptance of assigned duties/responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Displays initiative in his/her work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to problem solve	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Relationship with others (teamwork)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Degree of accuracy (thorough and efficient)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Skills used on the job (job knowledge)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Personal grooming and appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

1. If you selected "1 or 2" above, please explain: _____

2. Please check the box that best describes your overall experience with the participant, 1 being unsatisfactory and 5 being exceeds expectation. 1 2 3 4 5
 (If "1" or "5", please explain below.)

Site Supervisor's Signature _____ Date _____

Participant's Signature _____ Date _____

SEE JRC: _____ Phone: _____ Email: _____

Case Manager: _____ FTW Unit: _____