

PERFORMANCE APPRAISAL FORM

On-the-Job Training Evaluation

STUDENT INFORMATION

Student Name: _____ SR Code: _____

Program: _____ Year Level: _____

Company/Organization: _____

Department: _____ Position: _____

Supervisor Name: _____

Evaluation Period: From _____ To _____

| CRITERIA | RATING (1-5) |
|-----------------------------------------------------------------|--------------|
| 1. Quality of Work - Accuracy, thoroughness, and neatness | |
| 2. Productivity - Volume of work completed | |
| 3. Job Knowledge - Understanding of job duties and procedures | |
| 4. Initiative - Self-starter, seeks additional responsibilities | |
| 5. Communication - Oral and written communication skills | |
| 6. Teamwork - Cooperation with colleagues | |
| 7. Dependability - Reliability, punctuality, attendance | |
| 8. Adaptability - Flexibility in handling changing priorities | |
| 9. Problem Solving - Analytical and critical thinking skills | |
| 10. Professional Conduct - Attitude, ethics, appearance | |

COMMENTS AND RECOMMENDATIONS

Strengths:

Areas for Improvement:

Overall Recommendation:

SUPERVISOR'S SIGNATURE

This form is confidential and should be submitted to the OJT Coordinator