

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