



University of San Carlos
College of Arts and Sciences
Department of Computer Science

OJT PERFORMANCE EVALUATION REPORT

Name of Trainee: _____ Evaluation Period: _____ To _____

Direction: Please rate the student's overall OJT performance according to the rating scale below by putting a check mark (✓) on the space provided:

1 = Poor. Performance was below expectations and improvement is needed in one or more important areas.

2 = Fair. Work performance was fair but needed to bring to a higher level.

3 = Good. The requirements of performance were met, goals and objectives were achieved.

4 = Very Good. Quality of assigned work was very good and expectations were met.

5 = Excellent. Performance was impressive and consistently met expectations in all areas of responsibility.

N/A = Not Applicable

Criteria	Rating					
	1	2	3	4	5	N/A
Work Habits						
1. Punctuality						
2. Reports Regularly						
3. Performs tasks without much supervision						
4. Practices self-discipline in assigned work						
5. Demonstrates dedication and commitment to the tasks assigned						
Work Skills						
1. Demonstrates the ability to operate technology needed on the job						
2. Handles the details of work assigned						
3. Shows flexibility in the process of going through the task						
4. Manifests thoroughness and precise attention to details						
5. Fully understands the linkage or connection between the task to previous, intervening and subsequent tasks						
6. Usually comes up with sound suggestions to problems						
Social Skills						
1. Shows tact in dealing with different people comes in contact with						
2. Shows respect and courtesy in dealing with peers and superiors						
3. Willingly helps others (whenever necessary) in the performance of their tasks						
4. Is capable of learning from and listening to other staff						
5. Shows appreciation and gratitude for any form of assistance granted by others						
6. Shows self-confidence and is always well-groomed						
7. Shows emotional maturity						
OVER ALL TOTAL						

Remarks: _____

Evaluated by: _____
 Signature Over Printed Name
 Immediate Supervisor/Head

Date of evaluation: _____

***** Please return the Performance Evaluation Report on a sealed envelope. Thank you! *****