

MONTHLY EVALUATIONS



WORKPLACE MONTHLY EVALUATION FORM – LEARNER

*(Learners to complete this evaluation feedback form on a monthly basis; this will be put forward as part of your Portfolio of Evidence)
Please fax it monthly to: 086 632 9687 / pontshoh@torque-it.com / matlhogonolon@torque-it.com*

Using the ratings below, please indicate how the workplace provider/mentor performed in relation to all the criteria, and then give an overall rating.

Mentor Name: _____

Company Name: _____

Learner Name: _____

Month of Evaluation: _____

RATINGS:
Excellent – exceptional performance
Average – good performance; proficient
Below Average – inadequate performance
Not Applicable (N/A) – performance was not observed

1. Extended Application Traits	Above standard	Meets standard	Below standard	N/A
Mentor demonstrates willingness to assist learners in capturing workplace experience onto the logbook.				
Mentor demonstrates willingness to assist learners with the learning process of obtaining experience.				
Mentor demonstrates effective communication skills with the learner/s.				
Mentor is able to accommodate learners.				
Learner is capable of applying problem solving techniques.				
FINAL JUDGMENT				

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2. Please supply us with comments that further describe the environment at your workplace provider:

Learner Signature

Mentor Signature

Date:

Date: