



Evaluation Form

With Designated Supervisor

Guidance, feedback, clear communication, and goal-setting are all necessary to provide participants with the information they need to make improvements in their professional development. Please take some time to have an open, thoughtful, and productive conversation about this participant's performance. Feel free to include all appropriate Host Site staff. participants please submit via Kupu Participant Portal by the deadline. Mahalo!

Participant Full Legal Name:	
Supervisor Full Name:	
Host Site or Program Name:	

Please initial to confirm successful completion (If the participant does not meet performance level, explain below)

This participant has satisfactorily completed assignments, tasks, and projects	
This participant has satisfactorily met other performance criteria, which were clearly communicated both orally and in writing at the beginning of their term of service	

Please place an "X" to rate this participant's performance on the following aspects:

	Poor	Fair	Good	Excellent
Completes assignments with diligence and proficiency				
Communicates effectively with others				
Possesses skills & knowledge to perform job competently				
Able to work independently and reliably				

Comments:

Site Manager's Signature

Date

Participant's Legal Signature

Date