**School to Work Program: Monthly Assessment**

**Date:**

**Department:**

**Manager:**

**Job Coach:**

**Student:**

**Rotation #:**

|  |  |  |
| --- | --- | --- |
| **Question:** | **Yes/No** | **Comment:** |
| Does this student effectively communicate with others? |   |   |
| Does this student acknowledge team members at the beginning and end of their shifts? |   |   |
| With the assigned job duties, is the student not meeting, meeting or exceeding expectations of the job? |   |   |
| Is there improvement since the beginning of their rotation? |   |   |
| Has this student been a great fit for the department? |   |   |
| Do we need to schedule a meeting about the student's progress? |   |   |
| *Optional*: Would you hire this student at the end of their rotation in your department? If not, what do they need to work on? |   |   |
| Additional Comments: |   |   |