

Evaluation for:				_		
Property Name:						
Please rate the performance of the participant list	sted above b	y circlin	g the ap	propriat	e number ne	xt to each item
Key: 5 – Excellent						
4 <b>–</b> Good						
3 – Average						
2 – Below Average						
1 – Unsatisfactory						
Note: If evaluation ratings are a 3 or below, IEE	requires the	at a follo	ow up ev	aluatio	n take place	within 4 weeks
to review the Exchange Visitor's progress.						
Quality of Work – Accuracy, thoroughness	5	4	3	2	1	
Reliability – dependable, punctual, attendance	5	4	3	2	1	
Ability to Learn – Grasps and retains new skills	5	4	3	2	1	
Works independently	5	4	3	2	1	
Works well under supervision	5	4	3	2	1	
Team player – ability to work effectively with oth	ners 5	4	3	2	1	
Quantity of Work – Volume, pace and effort	5	4	3	2	1	
Responsible	5	4	3	2	1	
Gets along with co-workers	5	4	3	2	1	
Attitude – Willingness to accept assignments	5	4	3	2	1	
Shows leadership	5	4	3	2	1	
Drive/Determination	5	4	3	2	1	
Professionalism	5	4	3	2	1	
Competence – Applies experience and training	5	4	3	2	1	
Follows instructions	5	4	3	2	1	
Desire to learn	5	4	3	2	1	
Accepts constructive criticism	5	4	3	2	1	
Understands significance of training	5	4	3	2	1	
If participant's evaluation ratings are a 3 or below	w, please des	cribe w	hat mea	sures wi	ill be taken to	assist the
Exchange Visitor improve his/her performance:	•					
Discontinut the constitution and a street state of						
Please list the participant's strengths:						
Please indicate the areas in which the participan	t needs to im	iprove:				
Please list one or two goals or objectives for the	participant:					
Supervisor's Printed Name	Supervisor's Email Address					
Supervisor's Signature	Date					

Date

Participant's Signature