

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Class Name \_\_\_\_\_

Name of Training Site \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

**Directions:**

*Student: Training time to be recorded daily and verified by supervisor.*

*Employer: Verify student time, rate student performance, and review with teacher.*

*Teacher: Verify hours, record hours in AIM data system, and review performance evaluation with student.*

**Student Time Sheet**

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE							
TIME IN							
TIME OUT							
*DAILY TOTAL							

  

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DATE							
TIME IN							
TIME OUT							
*DAILY TOTAL							

\*Subtract break times and lunch periods.

**Student Performance Evaluation (to be completed by employer)**

Please rate the student's performance during this reporting period by entering the number 0-5 (5 being the highest) on items **A** through **E** below:

**4 = Excellent    3 = Good    2 = Satisfactory    1 = Lacks sufficient skills    0 = Absent/no participation**

**Rating Items:**

- \_\_\_\_\_ **A. Responsibility**—Reports promptly and follows directions.
- \_\_\_\_\_ **B. Performance**—Demonstrates skill accuracy.
- \_\_\_\_\_ **C. Cooperation**—Gets along well with supervisor and fellow workers.
- \_\_\_\_\_ **D. Initiative**—Trains with minimum supervision. Self-motivated.
- \_\_\_\_\_ **E. Appearance**—Is neatly dressed and properly groomed. Follows dress code.

Areas where student excels: \_\_\_\_\_

Specific ways to improve low performance: \_\_\_\_\_

**SIGNATURES:**

Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_