		1	Works	ite Tir	ne Rej	port			
Participant's	s Name:		Tier:						
Facility Name:			Supervisor: Contact #:						
Performance			County Office:						
		rd avact bour			nd total DAII	V Cuporvicor	s signatura mu	st be included to	
						-	, on the follow	st be included to	
verny								ing Monditi.	
	CODES: A=Absent, H= Holiday, W= Weekend/regular day off.								
DATE	START TIME	TIME OUT	TIME IN	END TIME	Intern Initials	Total Hours		Site nature	
1									
2									
3									
4									
5									
<u>6</u> 7									
8									
9									
10									
11									
12									
13									
14									
15									
S	ignature of l		Phoi			e Number Date			
		Т	О ВЕ СОМР	LETED BY	SITE SUPI	ERVISOR:			
		Fycellent	Excellent Satisfa			ctory Needs counselin			
Attendance			LACCHERE		butisiactory		needs counseling		
Punctuality									
	rk Attitude								
Qua	lity of work								
	rogress								
	gness to learn								
	s instructions								
	Shows initiative								
	Accepts correction Relations with others								
	Personal appearance								
1 013011	ai appearance	•							
Supervisor	r Comments	:							