

Basic Vocational Training Weekly Evaluation

Dates worked: _____

Total Hours: _____

Name: _____

<u>Character Quality</u>	Very Good	Acceptable	Unacceptable	
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respects Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comments:	_____ _____			

Evaluator Name: _____

Return to B.V.T. Supervisor (Ron G.)

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Return to B.V.T. Supervisor (Ron G.)