



**Surface Creek VISION HCP
Work Study Attendance Verification & Evaluation**

Learner Name _____

Dates worked from _____ to _____

Total Number of Hours Worked _____

Employer _____

Please rate the worker's performance in the following areas:

	Excellent	Very Good	Good	Fair	Poor	Fails to Meet Obligation
Punctuality						
Attendance						
Attitude						
Willingness to work						
Work Quality						
Benefit to Employer						

Additional comments:

Signature of Supervisor: _____

This form should be filled out at a minimum monthly for any employment that is being considered for a work study credit.