WORK SKILLS TRAINING CHECKLIST

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| TASK | SCORE (+ or -) |
| Following Directions |  |
| Punctuality |  |
| Prepared |  |
| Attitude |  |
| Gets along well with others |  |
| Attendance |  |
| Appropriate Dress |  |
|  |  |
| TOTAL |  |

Daily Percentage (number of “+s” divided by the total number of scored items):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_