**Community Based Assessment – Supervisors Weekly Report**

Client Name:

CBA Provider:

Work Site:

Supervisor’s Name:

Week of Review:

**Attendance Rating:**

 Attended per work schedule Yes [ ]  No [ ]

 Called/Excused if absent Yes [ ]  No [ ]  N/A [ ]

 Comments:

**Punctuality Rating:**

 Arrived at work on time, every day Yes [ ]  No [ ]

 Returned from lunch/breaks on time Yes [ ]  No [ ]

 Comments:

**Appearance /Grooming / Hygiene Rating:**

 [ ]  Exceeded Expectations [ ]  Met Expectations [ ]  Below Expectations

 Comments:

**Learning of Duties/Ability to Focus on Work/Level of Supervision Needed Rating:**

 [ ]  Exceeded Expectations [ ]  Met Expectations [ ]  Below Expectations

 Comments:

**Cooperation/Following Rules & Instructions Rating:**

 [ ]  Exceeded Expectations [ ]  Met Expectations [ ]  Below Expectations

 Comments:

**Working Relationships (e.g., interactions with others, helpfulness, positive attitude, teamwork):**

 [ ]  Exceeded Expectations [ ]  Met Expectations [ ]  Below Expectations

 Comments:

**Work Quality Rating:**

 [ ]  Exceeded Expectations [ ]  Met Expectations [ ]  Below Expectations

 Comments:

**Work Production (Quantity) Rating:**

 [ ]  Exceeded Expectations [ ]  Met Expectations [ ] Below Expectations

 Comments:

CBA Provider Signature Date Supervisor Signature Date

       \_\_\_\_\_\_

Client Signature Date Legal Guardian or Representative Name & Signature Date