**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

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Client Signature Date Legal Guardian or Representative Name & Signature Date