Fillable Form

WORK AND TRAINING EVALUATION

DATE *(YYYYMMDD)*:

SUPPORTING DIRECTIVE OPNAVINST 1640.10

AWARDEE'S NAME *(LAST, FIRST, MIDDLE)*:

RCN:

PURPOSE OF EVALUATION: ☐ WORK ASSIGNMENT ☐ OTHER *(EXPLAIN BELOW)*:

PERIOD COVERED *(YYYYMMDD)*:
FROM: TO:

COMPLETED BY:
☐ DORM SUPERVISOR ☐ WORK SUPERVISOR ☐ OTHER

AREAS OF EVALUATION *(CHECK THE APPROPRIATE SPACES)*
THE DORMITORY SUPERVISOR COMPLETES SECTION 1 ONLY. THE WORK SUPERVISOR COMPLETES SECTION 1 AND 2.

SECTION 1 – ATTITUDE AND TRAITS *(CHECK ONE BOX PER ROW)*						POINTS
CONDUCT	UNSATISFACTORY ☐ (1)	☐ (2)	CONFORMS ☐ (3)	☐ (4)	EXEMPLARY ☐ (5)	
DISCIPLINE	DISCIPLINARY ACTION ☐ (1)	☐ (2)	MINOR INFRACTIONS ☐ (3)	☐ (4)	NO INRACTIONS ☐ (5)	
SUPERVISION REQUIRED	CONSTANT ☐ (1)	☐ (2)	MODERATE ☐ (3)	☐ (4)	MINIMAL ☐ (5)	
ATTITUDE TOWARD SUPERVISOR	POOR ☐ (1)	☐ (2)	BORDERLINE ☐ (3)	☐ (4)	RESPECTFUL ☐ (5)	
COOPERATION	UNCOOPERATIVE ☐ (1)	☐ (2)	MODERATE ☐ (3)	☐ (4)	COOPERATIVE ☐ (5)	
PERSONALITY	UNFAVORABLE ☐ (1)	☐ (2)	FAIR ☐ (3)	☐ (4)	EXCEPTIONAL ☐ (5)	
GROUP CONFORMITY	EASILY LED ☐ (1)	☐ (2)	COMPLIES ☐ (3)	☐ (4)	SELF RELIANT ☐ (5)	
INFLUENCE ON OTHERS	DISRUPTIVE ☐ (1)	☐ (2)	NEUTRAL ☐ (3)	☐ (4)	POSITIVE ☐ (5)	
INITIATIVE	MINIMAL ☐ (1)	☐ (2)	AVERAGE ☐ (3)	☐ (4)	ENERGETIC ☐ (5)	
TEMPERMENT	VOLATILE ☐ (1)	☐ (2)	INDIFFERENT ☐ (3)	☐ (4)	STABLE ☐ (5)	
INTEREST IN CCU TREATMENT PROGRAM	MINIMAL ☐ (1)	☐ (2)	PARTICIPATE ☐ (3)	☐ (4)	ACTIVE PARTICIPATION ☐ (5)	
					TOTAL POINTS	

OVERALL EVALUATION SUBTOTAL	UNSATISFACTORY 11-21	BELOW AVERAGE 22-32	AVERAGE 33-43	ABOVE AVERAGE 44-54	OUTSTANDING 55

SECTION 2 – WORK PERFORMANCE						POINTS
QUALITY OF WORK	POOR ☐ (1)	☐ (2)	ACCEPTABLE ☐ (3)	☐ (4)	OUTSTANDING ☐ (5)	
PRODUCTIVITY	MINIMAL ☐ (1)	☐ (2)	AVERAGE ☐ (3)	☐ (4)	EXCELLENT OUTPUT ☐ (5)	
SAFETY	CARELESS ☐ (1)	☐ (2)	FOLLOWS RULES ☐ (3)	☐ (4)	SAFETY CONSCIOUS ☐ (5)	
					TOTAL POINTS	

OVERALL EVALUATION GRAND TOTAL	UNSATISFACTORY 14-27	BELOW AVERAGE 28-41	AVERAGE 42-55	ABOVE AVERAGE 56-69	OUTSTANDING 70

AWARDEE'S SIGNATURE:

DATE *(YYYYMMDD)*:

EVALUATOR'S NAME *(LAST, FIRST, MI)*:

EVALUATOR'S SIGNATURE:

DATE *(YYYYMMDD)*:

NAVPERS 1640/30 (Rev. 01-2011)

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