

Employee Construction Assessment Form

Worker's Information

- Full Name: _____
- Job Title: _____
- Site Location: _____
- Supervisor Name: _____
- Assessment Date: _____

Job Performance Evaluation

Criteria	Needs Improvement	Meets Expectations	Exceeds Expectations
Technical Construction Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Workplace Behavior & Safety

- Follows safety protocols and guidelines: Yes No
- Uses personal protective equipment correctly: Yes No
- Reports hazards and incidents promptly: Yes No
- Cooperates with team members: Yes No

Areas for Growth

- Training Recommendations: _____
- Additional Skills Required: _____

Final Remarks

- Overall Performance Rating: Poor Fair Good Excellent
- Supervisor Comments: _____
- Employee Feedback: _____

Signatures

- Worker's Signature: _____ Date: _____
- Supervisor's Signature: _____ Date: _____
- Site Manager's Signature: _____ Date: _____