**Directions:**

After finishing the management systems shifts for the week, complete the following evaluation. Once completed, the Training Manager will read your evaluation, provide feedback and discuss the evaluation with you.

Using the chart below, designate the type of shift (BOH Close or FOH Close) you worked.

|  |  |
| --- | --- |
| **Shift Worked** | **Type of Shift** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

|  |
| --- |
| 1. **Please give some examples of how you feel comfortable and confident running the restaurant as a Hospitality Manager and Kitchen Manager. If not, why?** |
|  |

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| 1. **How were you assisted in completing management responsibilities required of you when closing the restaurant as a Hospitality Manager and Kitchen Manager? If you were not assisted, how did you independently complete the task in which you were required to do this week?** |
|  |

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| --- |
| 1. **What do you feel were your strengths? What management tasks did you enjoy completing?** |
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