Name (Print): Store#:

**Training Manager: Complete an assessment every week**. An electronic version can be found at <https://gcmitresources.com/tmresources/> on the Training Manager Resource Page. After discussing the assessment with the Candidate, please sign and place in the Candidate’s File.

1. **What required shifts has the Candidate completed this week and give specifics? If all required shifts were not completed, why?**
2. **What are some of the strengths the Candidate exhibited this week? Please give specific examples and explain.**
3. **Are there any areas of opportunity? If so, what are they and what type of action plan has been developed?**
4. **Please comment on the following:**
	* **Punctuality**
	* **Appearance**
	* **Dependability**
	* **Professionalism**
	* **Communication with the Restaurant Staff**
	* **Guest Hospitality**

Manager Comments:

Candidate Comments:

* By signing this, I confirm that I reviewed and discussed this assessment with the Candidate.

Manager Signature: Date:

* By signing this, I confirm that I reviewed and discussed this assessment with the Manager.

Candidate Signature: Date:

Place completed form in the Candidate’s File.