

Candidate Assessment – Week _____

Name (Print): _____ Store#: _____

Training Manager: Complete an assessment every week. 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?

Candidate Assessment – Week _____

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.