

# Mason Academy

## Report Card

Dated \_\_\_\_\_

Photo

|             |
|-------------|
| Name        |
| Surname     |
| Middle Name |
| Address     |
| City        |
| State       |

|                   |
|-------------------|
| Enrollment Number |
| Level             |
| Skill Type        |
| Skill Code        |

Quality

| Evaluation |      | Level (5 = Highest) |   |   |   |   |  | Sign | Remarks for Improvement |
|------------|------|---------------------|---|---|---|---|--|------|-------------------------|
| No.        | Date | 5                   | 4 | 3 | 2 | 1 |  |      |                         |
|            |      |                     |   |   |   |   |  |      |                         |
|            |      |                     |   |   |   |   |  |      |                         |
|            |      |                     |   |   |   |   |  |      |                         |
|            |      |                     |   |   |   |   |  |      |                         |
|            |      |                     |   |   |   |   |  |      |                         |
|            |      |                     |   |   |   |   |  |      |                         |

Productivity

| Evaluation |      | Productivity (Qty. per hour) | Sign | Remarks for Improvement |
|------------|------|------------------------------|------|-------------------------|
| No.        | Date |                              |      |                         |
|            |      |                              |      |                         |
|            |      |                              |      |                         |
|            |      |                              |      |                         |
|            |      |                              |      |                         |
|            |      |                              |      |                         |
|            |      |                              |      |                         |

Reviewer Comments

|                   |      |
|-------------------|------|
| Health and Safety | Sign |
|                   | Name |
|                   | Date |

|                   |      |
|-------------------|------|
| Mentoring Ability | Sign |
|                   | Name |
|                   | Date |

|       |      |
|-------|------|
| Other | Sign |
|       | Name |
|       | Date |

Completion. Evaluator 1. Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Completion. Evaluator 2. Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

