

RATING OF ADJUSTMENT

NAME: _____

DATE: _____

Morning

	excellent	good	fair	poor		
Level of cooperation, responsiveness to direction	5	4	3	2	1	0
Overall mood and frustration tolerance	5	4	3	2	1	0
Work habits	5	4	3	2	1	0

UNSAFE BEHAVIOR (keep a running tally of the number of incidents here, and describe each incident on the bottom and back of this form) _____

Mid Day

	excellent	good	fair	poor		
Level of cooperation, responsiveness to direction	5	4	3	2	1	0
Overall mood and frustration tolerance	5	4	3	2	1	0
Work habits	5	4	3	2	1	0

UNSAFE BEHAVIOR (keep a running tally of the number of incidents here, and describe each incident on the bottom and back of this form) _____

Afternoon

	excellent	good	fair	poor		
Level of cooperation, responsiveness to direction	5	4	3	2	1	0
Overall mood and frustration tolerance	5	4	3	2	1	0
Work habits	5	4	3	2	1	0

UNSAFE BEHAVIOR (keep a running tally of the number of incidents here, and describe each incident on the bottom and back of this form) _____

Incident Description: