| **Assessment** |
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| **Date:** | **Student Name:** |
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| **Lesson:** |
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| **Tasks Observed:** |
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| Appropriate cleaning equipment  Cleaner  Thorough job  Safety rules followed  Wearing gloves  Washing hands |
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| **Cleaning:** |
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| **Task Steps** | **Performance**  **0 = no attempt**  **1 = student attempted but needed assistance**  **2 = student completed independently** | **Comments** |
| --- | --- | --- |
| Listen to Instructor |  |  |
| ID cleaning supplies |  |  |
| Gather cleaning supplies |  |  |
| Clean area/items: |  |  |
| Return cleaning supplies |  |  |
| Put gloves on |  |  |
| Wear gloves |  |  |
| Wash hands |  |  |
| Total # of points |  |  |

| **Observer Name:** |
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