



# WorkFirst

## ON-THE-JOB TRAINING PROGRAM EVALUATION FORM

Name \_\_\_\_\_

Evaluation week (circle)      1<sup>st</sup>    3<sup>rd</sup>    7<sup>th</sup>    11<sup>th</sup>

1. Is the schedule for training, as described in the OJT contract, on target at this point? Yes\_\_\_\_ No\_\_\_\_ If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Have any factors in the contract changed (change in duties, etc.)? Yes\_\_\_\_ No\_\_\_\_ If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Using a scale of 1 to 5, rate the trainee's demonstration of the following skills. Please circle the appropriate number.

	Low				High
a. Shows enthusiasm for the job	1	2	3	4	5
b. Uses skills learned	1	2	3	4	5
c. Follows instructions	1	2	3	4	5
d. Completes assigned tasks timely	1	2	3	4	5
e. Dresses appropriately for job	1	2	3	4	5

4. Are there any unresolved issues that the Work Source Specialist needs to address? Yes\_\_\_\_ No\_\_\_\_ If Yes, please comment:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
OJT Trainee's Signature

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Work Source Specialist's Signature

\_\_\_\_\_  
Date