

Insert OJT Provider Name Here

On-the-Job Training (OJT)

Progress Report Form

OJT Contract No:

Training Plan No:

Report for the Period Ending:

This template requires employers to regularly evaluate the trainee in order to be reimbursed for the extraordinary costs of training the OJT employee. The template is completed by the employer. In addition to serving as a record of reimbursable hours worked and as the monthly invoice, the form also establishes a report of the trainee's progress based on the expectations and timelines set out in the training plan in order to gather appropriate evaluation data and document the progress of the trainee.

Section 1: Employer Contact Information

Complete the contact information for the Employer.

EMPLOYER NAME:	CONTACT PERSON:	TELEPHONE #:
EMPLOYER ADDRESS:	EMAIL:	ALTERNATE TELEPHONE #:

Section 2: Trainee Information

Complete the information for the trainee including appropriate occupational information.

TRAINEE NAME:	EMAIL:	TELEPHONE #:
JOB TITLE:	O*NET SOC #:	HOURS/WEEK:
OJT BEGINNING DATE:	OJT END DATE:	TOTAL TRAINING HOURS:
HOURLY WAGE RATE: \$	REIMBURSEMENT RATE: %	MAXIMUM REIMBURSEMENT: \$

Complete if raises are awarded during training.

REVISED HOURLY WAGE RATE: \$	TRAINING HOURS, REVISED RATE:	REVISED MAXIMUM REIMBURSEMENT: \$
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Section 3: OJT Trainee Progress Report

Complete the evaluation of the trainee for each invoice period. Be as accurate as possible for how the trainee is progressing through his/her OJT training plan. Check the appropriate rating box for each item.

COMPETENCY	RATING				
1. ABILITY TO LEARN	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
2. ATTITUDE	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
3. CONDUCT	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
4. MOTIVATION/INITIATIVE	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
5. QUALITY AND ACCURACY	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT

COMPETENCY	RATING				
OF WORK					
6. QUANTITY OF WORK	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
7. SAFETY PRACTICES	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
8. APPEARANCE/HYGIENE	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
9. OVERALL RATING	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT

COMMENT SECTION
List or explain other concerns the _____ (insert OJT Provider name) here should be aware of so that the trainee can successfully complete the training and retain employment.
<ul style="list-style-type: none"> • •
Are there additional supportive services the workforce system can help with? (Please list)
<ul style="list-style-type: none"> • •

Section 4: Trainee Skills Evaluation

Complete and evaluate what was learned during this report period. The “skills learned” can be taken directly from the training plan, if the OJT Toolkit training plan template was used to create the training plan.

SKILLS LEARNED:	# OF TRAINING HOURS COMPLETED DURING THIS PERIOD	CURRENT CAPABILITY
1.		BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/> DATE MEASURED:
2.		BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/> DATE MEASURED:
3.		BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/> DATE MEASURED:
4.		BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/> DATE MEASURED:
5.		BEGINNING: <input type="checkbox"/> INTERMEDIATE: <input type="checkbox"/> SKILLED: <input type="checkbox"/> DATE MEASURED: