

OJT EVALUATION FORM

WORKFORCE SOLUTIONS OF PROVIDENCE/CRANSTON

180 Westminster Street

Telephone (401) 462-8857

Providence, Rhode Island 02920

FAX (401) 462-8796

Authorized Hours: _____

Evaluation Period: _____

Contractor: _____

Contract Number: _____

OJT Employee/Trainee: _____
(last, first, mi)

Social Security #: _____

Successful completion of an On-the-job Training program depends upon periodic evaluation of the OJT Employee/Trainee. It is critical that the OJT Employee/Trainee understands his/her strengths and weaknesses. Therefore, the OJT Vendor/Employer is requested to complete the following rating information. By showing the OJT Employee/Trainees strengths and weaknesses, you will help the program provide a better service and assist the Employee/Trainee in focusing on necessary changes. Discuss this evaluation with the OJT Employee/Trainee, as it will give him/her a better understanding of Employer expectations and the job responsibilities. This form is to be completed for each OJT Employee/Trainee and submitted to the Grantor with the monthly invoice.

During this reporting/evaluation period the Employee/Trainee received specific instruction in the areas listed below. His/Her performance during this period meets or exceeds minimum company standards unless otherwise noted. Briefly list specific training subjects:

CRITERIA	EXCELLENT	AVERAGE	NEEDS IMPROVEMENT	UNACCEPTABLE
Displays Initiative				
Accepts Responsibility				
Gets Along with Others				
Dealings with Customers/Public				
Quality of Work				
Promptness/Attendance				
Personal Grooming				
Maintains Equipment				
Speed/Accuracy of Work				
Overall Evaluation				

You may use extra spaces to add particular criteria that your company would like to rate.

Comments: _____

OJT Contactor/Employer *Date*

OJT Employee/Trainee *Date*