

Employer: Please complete and return to the OJT Coordinator through the student worker by the 5<sup>th</sup> of each month. Please call the OJT coordinator if you have any issues that require immediate attention.

## OJT TRAINING PLAN AND EVALUATION

Student \_\_\_\_\_ Employer (Company) \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

The purpose of this evaluation is to provide feedback necessary to improve the student trainee's on-the-job-performance. The evaluation, along with completion of all required forms in the required time frame, will be used in determining the student grade for OJT. The form also allows the training of the student to be documented.

Please enter the appropriate number for each area of evaluation using the below scale:

4 Excellent	3 Better Than Average	2 Average
1 Poor	0 Unsatisfactory	N/A Not Observed

Appearance \_\_\_\_\_ Quality of Work \_\_\_\_\_

Communication \_\_\_\_\_ Quantity of Work \_\_\_\_\_

Attitude \_\_\_\_\_ Job Knowledge \_\_\_\_\_

Attendance \_\_\_\_\_ Reliability \_\_\_\_\_

Cooperation \_\_\_\_\_ Aptitude for Job \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Specific Training Plan

Tasks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER/SUPERVISOR SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_