

COVER SHEET

DCT / OJT

NAME _____

DOCUMENTATION	1 st	2 nd	3 rd
OJT information			
Site Training Agreement			
Job Placement Acknowledgement			
Application for Employment Certificate			
Authorized Signature			

PLACE OF EMPLOYMENT VISITATION RECORD

DATE	PLACE	INITIALS OJT Coordinator

EMPLOYEE EVALUATION RATING SHEET		
1 st	9 Weeks	_____
2 nd	9 Weeks	_____
3 rd	9 Weeks	_____
4 th	9 Weeks	_____

TIME CARDS		
August	September	October
November	December	January
February	March	April
May	June	

SPECIAL NOTES: