

Employer: Please complete and return to the OJT Coordinator through the student worker by the 5th 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 _____