Insert WDB Name Here]

 [Insert OJT Provider Name Here]

On-the-Job Training (OJT) Contract: Trainee Evaluation

Trainee Name:       Supervisor Name:       Company Name:

 Section 1: Evaluation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JOB SKILLS OBJECTIVES | MIDPOINT EVALUATION OF SKILLS | MIDPOINTEVALUATIONDATE | FINAL EVALUATION OF SKILLS | FINALEVALUATIONDATE |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress[ ] Unsatisfactory progress [ ]  |  |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  |
|  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  | Mastered objective [ ] Satisfactory progress [ ] Unsatisfactory progress [ ]  |  |

Section 2: Authorized Signatures

*Midpoint Evaluation Final Evaluation*

|  |  |  |
| --- | --- | --- |
| *I hereby certify that the above information is accurate.* |  | *I hereby certify that the above information is accurate.* |
| EMPLOYER SIGNATURE: | DATE: |  | EMPLOYER SIGNATURE: | DATE: |
| SUPERVISOR SIGNATURE: | DATE: |  | SUPERVISOR SIGNATURE: | DATE: |
| TRAINEE SIGNATURE: | DATE: |  | TRAINEE SIGNATURE: | DATE: |

[ ]  Having satisfied the requirements of the training plan, employment continues on an unsubsidized basis. Section 3: Comments (please explain any unsatisfactory evaluation items)