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 | MIDPOINT  EVALUATION  DATE | FINAL  EVALUATION OF SKILLS | FINAL  EVALUATION  DATE |
|  | 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)