

# OJT EVALUATION FORM

## WORKFORCE SOLUTIONS OF PROVIDENCE/CRANSTON

180 Westminster Street

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Providence, Rhode Island 02920

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Authorized Hours: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contract Number: \_\_\_\_\_

OJT Employee/Trainee: \_\_\_\_\_  
(last, first, mi)

Social Security #: \_\_\_\_\_

*Successful completion of an On-the-job Training program depends upon periodic evaluation of the OJT Employee/Trainee. It is critical that the OJT Employee/Trainee understands his/her strengths and weaknesses. Therefore, the OJT Vendor/Employer is requested to complete the following rating information. By showing the OJT Employee/Trainees strengths and weaknesses, you will help the program provide a better service and assist the Employee/Trainee in focusing on necessary changes. Discuss this evaluation with the OJT Employee/Trainee, as it will give him/her a better understanding of Employer expectations and the job responsibilities. This form is to be completed for each OJT Employee/Trainee and submitted to the Grantor with the monthly invoice.*

*During this reporting/evaluation period the Employee/Trainee received specific instruction in the areas listed below. His/Her performance during this period meets or exceeds minimum company standards unless otherwise noted. Briefly list specific training subjects:*

CRITERIA	EXCELLENT	AVERAGE	NEEDS IMPROVEMENT	UNACCEPTABLE
Displays Initiative				
Accepts Responsibility				
Gets Along with Others				
Dealings with Customers/Public				
Quality of Work				
Promptness/Attendance				
Personal Grooming				
Maintains Equipment				
Speed/Accuracy of Work				
Overall Evaluation				

You may use extra spaces to add particular criteria that your company would like to rate.

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

\_\_\_\_\_  
**OJT Contactor/Employer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**OJT Employee/Trainee**

\_\_\_\_\_  
**Date**