

OJT Monthly Progress Report

To be completed by OJT Employer

DATE:

Participant/Trainee Name:

PID:

OJT Agreement No:

OJT Contract & Training Plan No:

Employer Name:

Employer Contact Name:

A. ATTENDANCE		
Attendance for Progress Reporting Period	Number	Comments
Absences this period		
Number of times tardy this period		
Hours worked this period		

B. PERFORMANCE	
RESPONSIBILITY: <ul style="list-style-type: none"> <input type="checkbox"/> Independently takes on responsibilities <input type="checkbox"/> Accepts responsibilities when instructed to do so <input type="checkbox"/> Needs to be prompted to accept responsibilities <input type="checkbox"/> Has barriers to taking on responsibilities 	Comments: (include description of barriers if applicable)
ABILITY TO LEARN: <ul style="list-style-type: none"> <input type="checkbox"/> Learns quickly and independently, without guidance <input type="checkbox"/> Learns adequately with guidance and instruction <input type="checkbox"/> Requires additional time to learn new tasks <input type="checkbox"/> Has barriers to learning new tasks or duties 	Comments: (include description of barriers if applicable)
JOB PERFORMANCE: <p><u>Accuracy:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performs most tasks with above-average accuracy. <input type="checkbox"/> Performs some tasks with accuracy. <input type="checkbox"/> Performs a few tasks with accuracy with assistance. <input type="checkbox"/> Has barriers to performing tasks with accuracy. <p><u>Quantity:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performs tasks with efficiency and high output. <input type="checkbox"/> Performs tasks consistently on time. <input type="checkbox"/> Completes tasks on time with assistance. <input type="checkbox"/> Has barriers to completing tasks on time. 	Comments: (include description of barriers if applicable)

C. TRAINING PROGRESS				
OCCUPATIONAL SKILLS <i>Skills learned during this period</i>	TRAINING HOURS <i>Time used to learn skill</i>	PROGRESS EVALUATION METHOD <i>Dropdown</i>	TRAINEE RATING DROPDOWN	COMMENTS <i>(If this participant has barriers to learning, list barriers here.)</i>

D. EMPLOYER SIGNATURE

I hereby certify that the training and/or services were provided in accordance with the provisions of the OJT Master Agreement. I also affirm that this Progress Report is true and correct.

Employer's Authorized Officials Signature

Date

Print/Type Name

Title

E. OJT TRAINEE SIGNATURE

The Employer has reviewed this Progress Report with me

☐ Yes

☐ No

I agree/disagree with the contents of this Progress Report

☐ Agree

☐ Disagree

Trainee Comments: _____

Trainee Signature

Date

PACL STAFF USE ONLY:

Received: _____
PACL Staff Signature

Date