

On-The-Job Training
Trainee Performance Evaluation Form

Trainee's name: _____ Date: _____
Trainee's Job Title: _____
Employer: _____ Contract #: _____
Contract Dates: Start: _____ End: _____
Starting Trainee Wage: _____ Current Trainee Wage: _____

How do you evaluate the trainee's on-the-job training performance?

	Excellent	Good	Fair	Poor	Needs Improvement
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the trainee making progress toward meeting the objectives on their training outline? Yes No
If No, what areas do they need improvement?

Will the trainee learn all the skills on their training outline before the end date of the OJT contract?
Yes No If No, why? _____

Comments on the trainee's progress:

Employer Signature: _____ Date: _____

Comments:

Participant Signature: _____ Date: _____