High Country Workforce Development Board

Mayland Community College

**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 EVALUATIONOF 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*

|  |  |  |
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| *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)**