**ARPA Work-Based Learning Grant**

High Country Workforce Development Board

NCWorks/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 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)**