ON THE JOB TRAINING EVALUATION FORM

(To be completed by the Employer – Return Completed Form to High School Contact) 2016-2017

Student's Name:							
High School Name: E-Mail: Employer Name: E-Mail:		Phone: Address:					
				Work Site Supervisor:			
				E-Mail:		Phone:	
				Student Trainee Job Du	uties:		
Phase 1	Strengths:	Next Action:	Reimbursement				
Start Date:			Requested:				
First 20 hours at 100% - \$165.00 reimbursement	Weaknesses:	Continue OJT – Phase 2 Hire Discontinue OJT (reasons)	(documents indicating wages, taxes and hours worked)				
End Date:			\$				
Phase 2 Start Date:	Strengths:		Reimbursement Requested: (documents indicating				
Next 10 hours at 50% - \$41.25 reimbursement	Weaknesses:	Continue OJT – Phase 3 Hire Discontinue OJT (reasons)	wages, taxes and hours worked)				
End Date:			Ş				
Phase 3 Start Date:	Strengths:	Next Action: Circle one:	Reimbursement Requested: (documents indicating				
Final 10 hours at 25% - \$20.62 reimbursement	Weaknesses:	Hire Not Hire (reasons)	wages, taxes and hours worked)				
End Date:			- -				
Employer Signature:		Date:					
School Contact Signatu	re:	Date:					