
TAA OJT Monthly Progress Report

1. Participant _____ 2. MOSES ID # _____
3. Training Site _____
4. Contract Number _____ 5. Period Covered _____
6. Hours absent this Period _____ 7. Excused Absence Yes No
8. Progress this Month Accelerated Average Slow No Progress
9. Quality in Work Excellent Good Fair Needs Improvement
10. Cooperation in Training Cooperative Fairly Cooperative Indifferent Uncooperative

11. Comments: _____

12. Recommendation for Improved Performance:
- Additional Skill Training Additional Classroom Training Reading Comprehension
 Math English Grammar Other _____

13. The Participant's Overall Performance for this Reporting Period is Judged to Be:
- Excellent Above Standard Standard Below Standard

14. Comments: _____

Instructor/Supervisor Signature Date

15. Participant's Comments (must comment if "Below Standard"): _____

I have received a copy of this report and have discussed it with my supervisor and with my career center counselor.

Employee/Participant's Signature Date

Career Counselor Signature Date