

## Massachusetts On-the-Job Training (OJT)

**OJT Monthly Progress Report***To be completed by OJT Employer*

Report #:

Check if Final Report: 

OJT Contract #:

<b>Employer Name:</b>		<b>Employer ID:</b>	
<b>Business Address:</b>		<b>City:</b>	<b>State:</b>
<b>OJT Site Address (If different than above)</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	
<b>Employer Contact Number:</b>			
<b>OJT Trainee Name:</b>			<b>MOSES ID:</b>
<b>OJT Course ID#:</b>		<b>OJT Position:</b>	
<b>OJT Contract Period:</b>	<b>Contract Start Date:</b>	to	<b>Contract End Date:</b>
<b>Progress Report Period:</b> to :			

**A. ATTENDANCE**

<b>Attendance for Progress Reporting Period</b>	<b>Number</b>	<b>Comments:</b>
Absences this period		
Tardies this period		
Hours worked this period		

**B. PERFORMANCE**

<b>RESPONSIBILITY:</b> <input type="checkbox"/> Seeks additional responsibilities <input type="checkbox"/> Willingly accepts additional responsibilities <input type="checkbox"/> Reluctant to accept additional responsibilities <input type="checkbox"/> Is not dependable	<b>Comments:</b>
<b>ABILITY TO LEARN:</b> <input type="checkbox"/> Learning with exceptional rapidity <input type="checkbox"/> Grasps instructions readily <input type="checkbox"/> Average ability to learn new things <input type="checkbox"/> Somewhat slow in learning <input type="checkbox"/> Limited in learning new duties	<b>Comments:</b>
<b>JOB PERFORMANCE:</b> <b>Accuracy:</b> <input type="checkbox"/> Rarely makes mistakes <input type="checkbox"/> Above average accuracy <input type="checkbox"/> Average accuracy <input type="checkbox"/> Below average accuracy <input type="checkbox"/> Inaccurate accuracy  <b>Quantity:</b> <input type="checkbox"/> Usually high output <input type="checkbox"/> Consistently turns out more work <input type="checkbox"/> Finishes allotted amount of work <input type="checkbox"/> Amount of work inadequate	<b>Comments:</b>

**C. TRAINING PROGRESS**

Occupational Skills <i>Skills learned during this period</i>	PHASE NO. <i>(Phase I or Phase II)</i>	ESTIMATED TRAINING HOURS <i>Estimated hours completed</i>	PROGRESS EVALUATION METHOD <i>OD = Observable Demonstration PR = Product Review Q = Meets Performance Quota</i>	Trainee Rating <i>4. Trainee has acquired competency in the skill 3. Trainee is performing at a satisfactory level 2. Trainee is making progress, but less than a satisfactory level 1. Trainee has not made satisfactory progress</i>  <b>*Indicate 4, 3, 2, 1, or Not Applicable</b>	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

**Record any change in the OJT Training Plan below:**

---



---



---



---

**D. EMPLOYER SIGNATURE**

I hereby certify that the training and/or services were provided in accordance with the provisions of the OJT Contract. I also affirm that this Progress Report is true and correct.

\_\_\_\_\_  
Employer's Authorized Official' Signature Date

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Title

**E. OJT TRAINEE SIGNATURE**

The Employer has reviewed this Progress Report with me  Yes  No

I agree/disagree with the contents of this Progress Report  Agree  Disagree

Trainee Comments: \_\_\_\_\_

\_\_\_\_\_  
Trainee Signature Date

---

**CAREER CENTER USE ONLY**

Received: \_\_\_\_\_  
Career Center Staff Signature Date