***ATTACHMENT G***

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

**OJT Monthly Progress Report**

***To be completed by OJT Employer***

 **Report #:**

 **Check if Final Report:** **[ ]**  **OJT Contract #:**

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

**A. ATTENDANCE**

|  |  |  |
| --- | --- | --- |
| **Attendance for Progress Reporting Period**  | **Number** | **Comments** |
| Absences this period  |  |  |
| Number of times tardy this period |  |  |
| Hours worked this period |  |  |

**B. PERFORMANCE**

|  |  |
| --- | --- |
| **RESPONSIBILITY:*** Seeks additional responsibilities
* Willingly accepts additional responsibilities
* Reluctant to accept additional responsibilities
* Is not dependable
 | **Comments**: |
| **ABILITY TO LEARN:*** Learning with exceptional rapidity
* Grasps instructions readily
* Average ability to learn new things
* Somewhat slow in learning
* Limited in learning new duties
 | **Comments**: |
| **JOB PERFORMANCE:****Accuracy:*** Rarely makes mistakes
* Above average accuracy
* Average accuracy
* Below average accuracy
* Inaccurate accuracy

**Quantity:*** Usually high output
* Consistently turns out more work
* Finishes allotted amount of work
* Amount of work inadequate
 | **Comments**: |

**C. TRAINING PROGRESS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OCCUPATIONAL SKILLS***Skills learned during this period* | **PHASE NO.***(Phase I or Phase II)* | **ESTIMATED TRAINING HOURS***Estimated hours completed* | **PROGRESS EVALUATION METHOD***OD = Observable Demonstration**PR = Product Review* *Q = Meets Performance Quota* | **TRAINEE RATING***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***Indicate 4, 3, 2, 1, or Not Applicable (N/A)** | **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.

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Employer’s Authorized Officials 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