***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

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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