

ATTACHMENT E
Massachusetts Training On-the-Job (TOJ)
EA TOJ Progress Report
To be completed by TOJ Employer

Employer Name:			
Employer ID:			
Employer Contact Number:			
TOJ Trainee Name:			
Trainee MOSES ID:			
TOJ Position:			
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: <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	Comments:
ABILITY TO LEARN: <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	Comments:
JOB PERFORMANCE: <u>Accuracy:</u> <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 <u>Quantity:</u> <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	Comments:

C. TRAINING PROGRESS

OCCUPATIONAL SKILLS <i>Skills learned during this period</i>	TOTAL ESTIMATED TRAINING HOURS <i>Estimated hours to complete skill</i>	ESTIMATED TRAINING HOURS <i>Estimated hours completed</i>	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.				

Record any change in the TOJ Training Plan below:

D. EMPLOYER SIGNATURE

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

Employer's Authorized Officials Signature Date

Print/Type Name

Title

E. TOJ 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