

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: MA
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:	Contract End Date:
Progress Report Period: to :			

A. ATTENDANCE

Attendance for Progress Reporting Period	Number	Comments:
Absences this period		
Tardiness 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>Safety:</u> <input type="checkbox"/> Always ensures safety <input type="checkbox"/> Above average awareness for safety <input type="checkbox"/> Average awareness for safety <input type="checkbox"/> Below average awareness for safety <input type="checkbox"/> No awareness for safety <u>Team Work</u> <input type="checkbox"/> Always participates as an effective member of the team. <input type="checkbox"/> Above average ability to work as a member of the team. <input type="checkbox"/> Average ability to work as a member of the team. <input type="checkbox"/> Below average ability as member of the team—needs improvement <input type="checkbox"/> Unable to work as an effective member of the team <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

SKILLS TO BE LEARNED	PHASE NO. (Phase I or Phase II)	INSTRUCTION METHOD (e.g. instruction, shadowing, practice, reading manuals, etc.)	ESTIMATED TRAINING HOURS	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 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	COMMENTS (if applicable)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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's 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/WIB USE ONLY:

Received Signature:

Name

Date