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|  | **Texas Workforce Commission****Vocational Rehabilitation Services****On-the-Job Training Progress Report**  |
| **Employer Information**  |
| Business or employer’s name:       |
| Address:       |
| Employee’s supervisor or designee name:       |
| Employee’s supervisor or designee phone number:       |
| Employee’s supervisor or designee email:       |
| **Trainee Information**  |
| Name:       |
| Job title:       |
| Hourly wage:        |
| Employee status: [ ]  Full-time [ ]  Part-time Number of hours       Other:       |
| **Hours worked and received OJT**   | **Enter the date of work week, hours worked each day, and total hours below.**  |
| Week | Date | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total Hours |
| 1   |       |       |       |       |       |       |       |       |       |
| 2   |       |       |       |       |       |       |       |       |       |
| 3   |       |       |       |       |       |       |       |       |       |
| 4   |       |       |       |       |       |       |       |       |       |
| Comments:      |
| **Trainee’s Performance**  |
| **Rate the trainee on the following.**   |
|  Ability to learn    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Accuracy of work    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Accepts supervision    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  [Adaptability](https://www.southeastern.edu/admin/hr/ee_and_mngr_info/manager_information/ppr_comments.html#adapt)    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Appearance and hygiene    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Attendance    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Attitude    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Communication    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Cooperativeness    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Co-worker relations    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Dependability    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Initiative    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Motivation    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Quality of work    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Quantity of work    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Safety practices    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Service to customers    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
|  Timeliness and/or deadline achievement    | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| **Overall Rating**   | [ ]  Excellent | [ ]  Very Good | [ ]  Good | [ ]  Marginal | [ ]  Poor |
| Use the scale below to rate the customer’s competency for each goal addressed on the VR service authorization. If a goal was not addressed, record “N/A” for Not Addressed.   |
| **Rating**   | **Description of Competency Level** |
| Unacceptable    | * Limited or no understanding or knowledge (requires constant instructions or intervention)
* Requires supervision most of the time
 |
| Basic    | * Basic understanding or knowledge (able to handle routine tasks) needed for job
* Requires some guidance or supervision
 |
| Proficient    | * Detailed understanding or knowledge (able to handle non-routine routing problems and situations)
* Capable of assisting others in the application of skills and tasks
* Requires minimum guidance or supervision and works independently
 |
| Advanced    | * Highly developed understanding or knowledge (able to apply knowledge outside the scope of position)
* Able to coach or teach others on the skills and tasks
* Requires no supervision and works independently
 |
| **Goal Number****From service authorization** | **Training Activities List Per Goal** | **Estimated Hours Trained** | **Trainee’s Competency Level** |
|       |       |       | [ ]  Unacceptable[ ]  Basic[ ]  Proficient[ ]  Advanced |
|       |       |       | [ ]  Unacceptable[ ]  Basic[ ]  Proficient[ ]  Advanced |
|       |       |       | [ ]  Unacceptable[ ]  Basic[ ]  Proficient[ ]  Advanced |
|       |       |       | [ ]  Unacceptable[ ]  Basic[ ]  Proficient[ ]  Advanced |
|       |       |       | [ ]  Unacceptable[ ]  Basic[ ]  Proficient[ ]  Advanced |
| List or describe any concerns related to the trainee’s completion of the training or abilities to retain employment.      |
| List any additional support services with which VR might need to assist to ensure the trainee’s successful completion of the training program or related to maintaining long-term employment.      |
| Additional comments:      |
| **Signatures**  |
| I, the customer, certify that the dates and times stated above are accurate and that I have reviewed the Progress Report.   |
| Printed name:      | Signature:**X**       | Date:      |
| I, the employee’s supervisor, certify that: * the trainee worked the dates and times above;
* I documented information described on the OJT Progress Report;
* I have discussed the trainee’s performance with him or her as noted on the form; and
* I handwrote my signature and the date below.
 |
| Printed name:      | Signature:**X**       | Date:      |