



WIA/TAA Master OJT
Monthly Trainee Progress Report
 OJT Contract Number: _____
 Petition Number: _____

Trainee Name		Job Title	
Trainee Start Date		Trainee Scheduled End Date	
Supervisor's Name		Date of Progress Report	
Employer Name			
Address			
City		State	Zip Code
Telephone Number		Fax Number	
Email Address			

PROGRESS	Excellent	Very Good	Good	Marginal	Unsatisfactory
Amount of Work Completed					
Knowledge of Job					
Overall Quality of Work					
Ability to Follow Directions					
Initiative					
Attendance					
Interest and Motivation					
Dependability					
Personal Appearance					
Communication					
Self Control					
Gets Along Well with Others					

Supervisor's Comments and Recommendations:

Supervisor has spoken to Trainee about Any Problems indicated Above: Yes: No:

Results:

Reviewed by WIA / TAA Case Manager: Yes: No:

 Supervisor Signature Date

 Trainee Signature Date

 Case Manager Signature Date