



WIOA Title I ADW and Youth Programs On-the-Job-Training (OJT) Final Evaluation

Trainee's evaluation capabilities (to be completed by the employer)

Complete the evaluation of the trainee. Be as accurate as possible when detailing how the trainee has progressed through the OJT training plan. Check the appropriate rating box for each item.

Skills	Skill Level	Training Hours Completed	Skills Requirements
1.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate		<input type="checkbox"/> Met <input type="checkbox"/> Not met Detailed explanation: <small>(If trainee has not met the desired skills)</small>
2.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate		<input type="checkbox"/> Met <input type="checkbox"/> Not met Detailed explanation: <small>(If trainee has not met the desired skills)</small>
3.	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate		<input type="checkbox"/> Met <input type="checkbox"/> Not met Detailed explanation: <small>(If trainee has not met the desired skills)</small>
Total Hours:			

Authorized Signatures:

I acknowledge and confirm that I have received on-the-job training and have read and understand the contents of this review and have been given full opportunity to discuss with my supervisor.

Trainee Signature

Date

I acknowledge and confirm that I have provided on-the-job training and have reviewed and discussed the contents of this review with the trainee.

Employer Signature

Date