



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	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	<ul style="list-style-type: none"> • Limited or no understanding or knowledge (requires constant instructions or intervention) • Requires supervision most of the time
Basic	<ul style="list-style-type: none"> • Basic understanding or knowledge (able to handle routine tasks) needed for job • Requires some guidance or supervision
Proficient	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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:

Date:

X

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:

Date:

X