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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: | | | | |