

ON THE JOB TRAINING EVALUATION FORM

(To be completed by the employer)

2013-2014

Student's Name _____

High School Name _____

High School Contact _____ Phone _____

Employer _____

Employer Address _____

Work Site Supervisor _____ Phone _____

Student Trainee Job Duties:

Phase 1	Phase 2	Phase 3
20 Hours (100% reimbursement) Start Date:	10 Hours (50% reimbursement) Start Date:	10 Hours (25% reimbursement) Start Date:
Strengths:	Strengths:	Strengths:
Weaknesses:	Weaknesses:	Weaknesses:
Next Action (circle one) Continue OJT – Phase 2 Hire Discontinue OJT (give reasons)	Next Action (circle one) Continue OJT – Phase 3 Hire Discontinue OJT (give reasons)	Next Action (circle one) Hire Do Not Hire (give reasons)
End Date:	End Date:	End Date:
Reimbursement requested from Employer (documents indicating wages, taxes and hours) \$	Reimbursement requested from Employer (documents indicating wages, taxes and hours) \$	Reimbursement requested from Employer (documents indicating wages, taxes and hours) \$
TMCSEA Office Use: Reimbursement to employer Date: \$	TMCSEA Office Use: Reimbursement to employer Date: \$	TMCSEA Office Use: Reimbursement to employer Date: \$

Employer Signature _____ Date _____

TMCSEA Signature _____ Date _____

Please submit to: Joyce Aarestad

TMCSEA

300 Cedar St.

Pekin, IL 61554

jaarestad@tmcsea.org

309-347-3532 Ext. 312

309-346-0440 – fax