

OJT (On-the-Job-Training)
TRAINING PLAN / EVALUATION FORM

OJT Employee Name: _____

District: _____

Current (Job Title): _____

OJT Job Title: _____

Explain how the training will relate to the introduction of new technologies, new production or service procedures, or is the OJT an upgrade to a job that requires additional skills:

Task Description:	Performance Description:
Task Description:	Performance Description:
Task Description:	Performance Description:
Task Description:	Performance Description:

COMPLETION SIGNATURE

OJT Employee Signature: _____

Date: _____

Comments: _____
