

OJT MONTHLY SERVICE REPORT

Service Provider: _____ Date: _____

Participant Name: _____ Occupation: _____

Employer: _____ Contract No. _____

Participant Questions:

1. Is the work you are performing following the training summary you were given? _____

2. Are you getting the training you need to do the work in this occupation? _____

3. Are there any problems that we could help you with at this time? _____

4. Comments?

Participant's Signature _____

Employer's Questions:

1. Is the employee performing to your satisfaction? _____

2. Do you foresee any problems in completing the training contract and retaining this participant? _____

Employer's Signature _____

Service Provider's Evaluation and/or Corrective Action:

Signature: _____

Date: _____