



Transitional Jobs Training Monthly Progress Report

Transitional Jobs Contract No:
Report for the Month Ending:

Section 1: Employer Contact Information

EMPLOYER NAME:	TELEPHONE #:
CONTACT PERSON:	POSITION TITLE:

Section 2: Trainee Information

TRAINEE NAME:	JOB TITLE:
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Section 3: Transitional Job Trainee Progress Report

Be as accurate as possible for how the trainee is progressing through his/her training plan. Check the appropriate rating box for each item.

COMPETENCY	RATING				
1. ABILITY TO LEARN	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
2. ATTITUDE	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
3. CONDUCT	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
4. MOTIVATION/INITIATIVE	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
5. QUALITY AND ACCURACY OF WORK	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
6. QUANTITY OF WORK	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
7. SAFETY PRACTICES	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
8. APPEARANCE/HYGIENE	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
9. PUNCTUALITY	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
10. ATTENDANCE	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT
11. OVERALL RATING	<input type="checkbox"/> POOR	<input type="checkbox"/> MARGINAL	<input type="checkbox"/> GOOD	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> EXCELLENT

COMMENT SECTION

Section 4: Trainee Signature

Section 5: Employer Authorized Signature

TRAINEE SIGNATURE AND INFORMATION	EMPLOYER SIGNATURE AND INFORMATION
DATE:	DATE:
TRAINEE SIGNATURE:	EMPLOYER SIGNATURE:
TYPE/PRINT NAME:	TYPE/PRINT NAME:
TITLE:	TITLE: