

**Workforce Innovation and Opportunity Act (WIOA)  
ON-THE-JOB TRAINING (OJT) PROGRESS FORM**

**Participant Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Supervisor's Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Date of Report:** \_\_\_\_\_

	Excellent	Very Good	Good	Fair	Poor
Amount of Work Completed					
Knowledge of Job					
Overall Quality of Work					
Ability to Follow Directions					
Initiative					
Attendance					
Interest and Motivation					
Dependability					
Personal Appearance					
Communication					
Teamwork Ability					

**Supervisor's Comments and Recommendations**

\_\_\_\_\_

Supervisor has spoken to Participant about any problems indicated above:  Yes  No

Results:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*