

# Atlantic Cape May Office of Workforce Development

Atlantic Cape May WIB  
One Stop Career Center  
2 South Main St.  
Pleasantville, NJ 08232

Phone: 609-485-0052  
FAX: 485-0067  
(3/25/2011saf)

## OJT TRAINEE EVALUATION

(COMPLETED MONTHLY BY WORKSITE)

Please mail this form on a monthly basis (by the 30<sup>th</sup> of each month) to evaluate the performance of the trainee working in an OJT at your company. **If the trainee has left employment, please indicate the termination date and reason.** Job Developer, Atlantic Cape May One Stop System, 2 South Main Street, 2<sup>nd</sup> Floor Pleasantville, NJ 08232

DATE: \_\_\_\_\_

TRAINEE NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

<i>Performance Indicator</i>	<b>Outstanding</b>	<b>Very Good</b>	<b>Satisfactory</b>	<b>Marginal</b>	<b>Unsatisfactory</b>
<b>1. Organization, Planning, Problem Solving</b> Evaluate the trainee's resourcefulness and independence in identifying important issues, analyzing problems and finding solutions.					
<b>2. Communication/Interpersonal Relationships</b> Evaluate the trainee's ability to interact with customers/peers/supervisors/others.					
<b>3. Accomplishes Assignment/Tasks</b> Evaluate how well the trainee meets the objectives of the work assigned? Does the trainee demonstrate reliability and by completing tasks on a timely schedule in the prescribed format?					
<b>4. Responsibility and Adaptability</b> How well does the trainee accept responsibility? Does the trainee exhibit the ability to adapt to changes?					
<b>5. Job Knowledge</b> Has the employee acquired new skills or knowledge necessary for the job?					

(OVER)

<b>6. Work Habits/Punctuality and Attendance</b> Does the trainee exhibit good work habits adhering to an established schedule and by being consistently punctual? Does the trainee maintain regular attendance?					
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COMMENTS: \_\_\_\_\_

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\_\_\_\_\_

TERMINATION DATE (if applicable): \_\_\_\_\_ REASON: \_\_\_\_\_

# OF DAYS ABSENT, IF APPLICABLE: \_\_\_\_\_ # OF DAYS LATE, IF APPLICABLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SIGNATURE OF EMPLOYER REPRESENTATIVE: \_\_\_\_\_

Thank you for participating in the Atlantic Cape May One Stop System On-the-Job Training Program. If you have any questions, please contact the Job Developer at (609) 485-0052 extension 187.

Internal Office Distribution: A copy shall be retained in the participant file.

Name of Reviewer: \_\_\_\_\_