

TRAINING PLAN/EVALUATION

Employee/Trainee _____ Training/Work Site _____

Occupation/Job Title _____ Supervisor _____

Counselor _____

Period of Training: _____ to _____ Evaluations: Interim _____ Intermediate _____ Final _____

INSTRUCTIONS: Evaluate the trainee's performance in each skill area using the scale below. (Circle number.) **RATING SCALE:** 1. Can do only simple parts of the task;

2. Can do most of the task; 3. Can do all parts of the task;

Needs extremely close supervision.

Needs close supervision.

Needs only job entry supervision.

SKILL REQUIREMENTS	TRAINING METHOD	TIME %	MEASUREMENT METHOD	RATING SCALE EVALUATION DATE
1.				1 2 3 / /
2.				1 2 3 / /
3.				1 2 3 / /
4.				1 2 3 / /
5.				1 2 3 / /

SIGNATURES:

Supervisor _____ Date _____ Trainee _____ Date _____

Counselor _____ Date _____

For Final Evaluation Only: Did the participant show satisfactory skill development in all skill areas?

YES__ No__ Comments: _