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: