**ELEMENTS OF TRAINING/MONTHLY EVALUATION**

**ATTACHMENT C**

(To be completed by employer before trainee begins OJT/SE, monthly and at completion of OJT/SE.)

**Source of Competency Statement**

[ ]  GPS/O’NET [ ]  Regional Occupational Program [ ]  Competency Statement [ ]  Employer Job Description

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| --- | --- | --- |
| **Trainee’s Name (Last, First):** **OCCUPATION:** **In Critical Occupation Cluster:****[ ]  Yes****[ ]  No (If not, justification in IEP)****ELEMENTS OF TRAINING** | **# OF****HOURS** |  **WORK RELATED COMPETENCIES\*****1.** **Poor** - No experience, little knowledge/skill, inadequate skills performance.**2. Fair** - Beginning to apply basic concepts on job, practicing basic skills and showing limited proficiency.**3. Good** - Grasps most concepts, attempting to increase knowledge and skills used in job beyond basic requirements.**4. Very Good** - Understands and applies concepts easily and appropriately, increasing quality of skills performed, able to work independently.**5. Excellent** - Consistently works with job concepts, showing a thorough understanding and ability to learn more, high quality of work, ability to work without supervision. |
|  1.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  2.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  3.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  4.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  5.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  6.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  7.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  8.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  9.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 10.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 11.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| 12.       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|  **TOTAL HOURS =** |       |  |

\*NOTE: By the completion of training, trainee must be rated good to excellent in 70% of the Elements of Training to demonstrate competency.

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|  |  |       |       |
| Trainee Signature | Date | Trainee Printed Name | Date |
|  |  |       |       |
| Authorized Employer Signature | Date | Employer Printed Name | Date |
|  |  |       |       |
| Service Provider Signature  | Date | Printed Service Provider Name | Date |