**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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |