

**ON-THE-JOB TRAINING
MONTHLY EVALUATION FORM**

Trainee Name:

Job Title:

Date:

Employer:

Appraisal of Employee Performance Complete the following items.	TO BE COMPLETED BY SUPERVISOR		
	Exceeds	Meets	Needs Improvement
JOB KNOWLEDGE: Consider overall knowledge of duties and responsibilities required for the position			
PRODUCTIVITY: Evaluate amount of work generated and completed successfully as compared to amount of work expected for this position			
QUALITY: Rate correctness, completeness, accuracy and economy of work and overall quality			
INITIATIVE/SELF-MOTIVATION: Consider the amount of direction required – does trainee seek improved methods and techniques – is trainee consistent in trying to do better			
USE OF TIME: Uses available time wisely - is punctual to work, accomplishes required work on or ahead of schedule			
PLANNING: Sets realistic objectives, anticipates and prepares for future requirements, establishes logical priorities			
HUMAN RELATIONS: Establishes and maintains cordial work climate, promotes harmony and enthusiasm, displays sincere interest in assisting other employees			
FOLLOW-UP: Maintains control of workloads, allocates resources economically, insures that assignments are completed accurately and timely			

REMARKS BY SUPERVISOR:

EMPLOYEE'S COMMENTS: Employees may comment on all or any part of the information contained in this document, including the evaluation process. If the employee does not concur with the evaluation, check the appropriate box and explain reasons for disagreement.

SIGNATURES

SUPERVISOR'S SIGNATURE:

Date:

TRAINEE SIGNATURE:

Date:

_____ **I agree with the evaluation**

_____ **I do not agree with the evaluation**