



ON-THE-JOB TRAINING PROGRAM EVALUATION FORM

Host Company: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Period of Training: \_\_\_\_\_ Authorized Hours: \_\_\_\_\_

OJT Trainee: \_\_\_\_\_ Department/Office Assigned: \_\_\_\_\_

Successful completion of an On-the-job training program depends upon periodic evaluation of the OJT Trainee. It is critical that the OJT Trainee understands his/her strengths and weaknesses. Therefore, the OJT Employer is requested to complete the following rating information. By showing the OJT Trainees’ strengths and weaknesses, you will help the program provide a better service and assist the trainee in focusing on necessary changes. Discuss this evaluation with the OJT Trainee, as it will give him/her a better understanding of Employer expectations and the job responsibilities. This form is to be completed for each OJT Trainee and to be submitted to the Practicum Adviser with the Daily-Time-Record (DTR). During this reporting/evaluation period, the Trainee received specific instruction in the areas listed below. His/Her performance during this period meets or exceeds minimum company standards unless otherwise noted. Briefly list specific training subjects:

CRITERIA	EXCELLENT (9-10 points)	AVERAGE (7-8 points)	NEEDS IMPROVEMENT (5-6 points)	POOR (3-4 points)	UNACCEPTABLE (1-2 points)
Displays Initiative					
Accepts Responsibility					
Gets Along with Others					
Dealings with Customers/Public					
Quality of Work					
Promptness/Attendance					
Personal Grooming					
Maintains Equipment					
Speed/Accuracy of Work					
Overall Evaluation					

Note: You may use extra spaces to add particular criteria that your company would like to rate.

Comments/Suggestions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OJT Contactor/Employer \_\_\_\_\_ Date \_\_\_\_\_  
Signature Over Printed Name

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THE COUNTRY’S 1<sup>st</sup> POLYTECHNICU

OJT Employee/Trainee \_\_\_\_\_ Date \_\_\_\_\_  
Signature Over Printed Name

