

**OJT PERFORMANCE EVALUATION REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Trainee | : |  | | | | |
| Evaluation Period | : |  | To | : |  |

Direction: Please rate the student’s overall OJT performance according to the rating scale below by putting a check mark (/) on the space provided:

1 = Poor. Performance was below expectations and improvement is needed in one or more importance areas

2 = Fair. Work performance was fair but needed to bring to a higher level

3 = Good. The requirements of performance were met, goals and objectives were achieved.

4 = Very Good. Quality of assigned work was very good and expectations were met.

5 = Excellent. Performance was impressive and consistently met expectations in all areas of responsibility

N/A = Not applicable

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| --- | --- | --- | --- | --- | --- | --- |
| **CRITERIA** | **RATING** | | | | | |
| **WORK HABITS** | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. Punctuality |  |  |  |  |  |  |
| 1. Reports Regularly |  |  |  |  |  |  |
| 1. Performs tasks without much supervision |  |  |  |  |  |  |
| 1. Practices self-discipline in assigned work |  |  |  |  |  |  |
| 1. Demonstrates dedication and commitment to the tasks assigned |  |  |  |  |  |  |
| **WORK SKILLS** |  |  |  |  |  |  |
| 1. Demonstrates the ability to operate technology needed on the job |  |  |  |  |  |  |
| 1. Handles the details of work assigned |  |  |  |  |  |  |
| 1. Shows flexibility in the process of going through the task |  |  |  |  |  |  |
| 1. Manifests thoroughness and precise attention to details |  |  |  |  |  |  |
| 1. Fully understands the linkage or connection between the task to previous intervening and subsequent tasks |  |  |  |  |  |  |
| 1. Usually comes up with sound suggestions to problems |  |  |  |  |  |  |
| **SOCIAL SKILLS** |  |  |  |  |  |  |
| 1. Shows tact in dealing with different people comes in contact with |  |  |  |  |  |  |
| 1. Shows respect and courtesy in dealing with peers and superiors |  |  |  |  |  |  |
| 1. Willingly helps others (whenever necessary) in the performance of their tasks |  |  |  |  |  |  |
| 1. Is capable of learning from and listening to other staff |  |  |  |  |  |  |
| 1. Shows appreciation and gratitude for any form of assistance granted by others |  |  |  |  |  |  |
| 1. Shows self-confidence and is always well-groomed |  |  |  |  |  |  |
| 1. Shows emotional maturity |  |  |  |  |  |  |
| **OVERALL TOTAL** |  |  |  |  |  |  |

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| REMARKS: |  |
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| Evaluated by | : |  |  | Date of Evaluation | : |  |
|  |  | Signature Over Printed Name  Immediate Supervisor/Head |  |  |  |  |

\*\*\*Please return the Performance Evaluation Report on a sealed envelope. Thank You!\*\*\*