**WEEKLY REPORT**

WEEK No. ( RCJ )

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| |  |  |  |  | | --- | --- | --- | --- | | Date From: | RCJ | To: | RCJ | |

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| --- | --- | --- | --- | --- |
| STUDENT NAME: | RCJ | | ID. NO: | RCJ |
| NAME OF THE COMPANY FOR OJT: | | RCJ | | |

RCJ

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| The Work Performed This Week: |

Training supervisor’s Assessment of the Student’s performance this Week:

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| --- | --- | --- | --- | --- |
| Excellent | Very Good | Good | Satisfactory | Not Satisfactory |

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| --- | --- | --- | --- | --- |
| [90-100%] | [80-89%] | [70-79%] | [60-69%] | [Less than 60%] |

Any other comments:

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| Supervisor’s Name: | RCJ | Signature: |  | Date: |  |