



State of Utah
Department of Workforce Services
ON-THE-JOB/WORK BASED TRAINING PROGRESS REPORT

To be completed monthly. Return Completed Form To: _____

Supervisor/Employer Name: _____

Supervisor/ Employer Address: _____

Client/Employee Name: _____

Reporting Period: From: _____ To: _____

Was the individual late for scheduled activities in this reporting period? Yes No

If yes, how often? _____

Did the individual have unexcused absences in this reporting period? Yes No

If yes, how often? _____

	Excellent	Good	Average	Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance & Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Task Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (things done well, issues, or concerns):

Are there any changes needed to training schedule? Yes No

If yes, explain:

How many additional hours of training do you believe are needed?

Employer/Supervisor Signature: _____ Date: _____

Employer/Supervisor Title: _____

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