

**ON THE JOB TRAINING EVALUATION FORM  
FY23**

To be completed by the School:

**Student Name:** \_\_\_\_\_ **High School:** \_\_\_\_\_

High School Contact: _____	Phone: _____
Email: _____	
Employer Name: _____	Address: _____
Email: _____	Phone: _____
Worksite Supervisor: _____	Phone: _____
Email: _____	

Student Trainee Job Duties:

**To be completed and returned to High School Contact by Employer: (\$12.00/\*\$9.20 if under 18 option) until 1/1/23**

<p><b>Phase 1</b> Start Date: _____ <b>First 20 hours</b> - 100% reimbursement Employer pays - \$240/*\$185 Employer reimbursed - \$240/*\$185  End Date: _____</p>	<p><b>Strengths:</b> _____ _____ _____ <b>Weaknesses:</b> _____ _____ _____</p>	<p><b>Next Action (Circle):</b> Continue OJT Hire – Phase 2  Discontinue OJT (reasons) _____ _____ _____</p>	<p><b>Reimbursement Requested:</b> (documents indicating wages, taxes and hours worked)  \$ _____</p>
<p><b>Phase 2</b> Start Date: _____ <b>Next 10 hours</b> – 50% reimbursement Employer pays \$120/*\$92.50 Employer reimbursed - 60.00/*\$46.25  End Date: _____</p>	<p><b>Strengths:</b> _____ _____ _____ <b>Weaknesses:</b> _____ _____ _____</p>	<p><b>Next Action (Circle):</b> Continue OJT Hire – Phase 3  Discontinue OJT (reasons) _____ _____ _____</p>	<p><b>Reimbursement Requested:</b> (documents indicating wages, taxes and hours worked)  \$ _____</p>
<p><b>Phase 3</b> Start Date: _____ <b>Final 10 hours</b> - 25% reimbursement Employer pays - \$120/*\$92.50 Employer reimbursed \$30.00/*\$23.12  End Date: _____</p>	<p><b>Strengths:</b> _____ _____ _____ <b>Weaknesses:</b> _____ _____ _____</p>	<p><b>Next Action (Circle):</b> Hire  Not Hire (reasons) _____ _____ _____</p>	<p><b>Reimbursement Requested:</b> (documents indicating wages, taxes and hours worked)  \$ _____</p>

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_