

**ON THE JOB TRAINING EVALUATION FORM
FY25**

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

Employer Signature: _____ Date: _____

School Contact Signature: _____ Date: _____