## **ON-THE-JOB TRAINING PROGRAM**

## **WEEKLY PROGRESS REPORT**



Trainee Name:			Contractor:					
Project Name and	d Number:		•					
Type of training/classification:			# of Training	Trai	Training Start Date:			
Week Ending Date:								
For each training subject covered this week, rate the trainee on their safety, productivity, quality and understanding by using a 5-point scale (N = Needs Improvement, AS = Almost Satisfactory, S=Satisfactory, G=Good and E=Excellent). Include the total number of training hours in each subject for the week and accumulated to date.								
Trainii	NG SUBJECT	SAFETY	Productivity	QUALITY	Understan		TOTAL HRS PER SUBJECT THIS WEEK	TOTAL HRS ACCUMULATED TO DATE
This week's total hours $ ightarrow$ Grand Total To Date $ ightarrow$								
How was the trainee's attendance this week? Good ☐ Satisfactory ☐ Poor ☐								
How was the train		Good						
Comments about this week's activities:								
Trainee Status: (check one)	On Board	Disciplined	Dismissed	Quit	La	Laid Off Complete		ted Training
Supervisor Signature:						Date:		
Trainee Signature:						Date:		