On-The-Job Training (OJT) Worksheet for Vocational Providers

1. Background Information Claim number Worker name Training site name __ Training site address Contact person name ______ Position Trainer name ______ Position Work position ___ DOT number Training hours _ Wage (show progression and dates of increases, if any) Period of OJT agreement _____ Through _____ Training purpose (brief statement) Description of job 2. Learning objectives: (Identify class/course or experiential learning dates and itemize skills to be acquired for each period. Expand and/or add learning objective boxes as needed.) through _ a. Trainee will learn: through ___ Trainee will learn: _____ through _____

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Trainee will learn: