

### JOB SPECIFIC SKILLS TRAINING PLAN

Employee/Trainee \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Training/Worksite \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Counselor \_\_\_\_\_

Type of Training: LMI \_\_\_\_\_ WEX \_\_\_\_\_ OST \_\_\_\_\_ CES \_\_\_\_\_ IST \_\_\_\_\_ WCI \_\_\_\_\_ CJ \_\_\_\_\_

Hours Worked \_\_\_\_\_ Period of Training: \_\_\_\_\_ - \_\_\_\_\_ Program : WIA  CJ  WTW

*Instructions: Evaluate the trainee's performance in each skill area using the scale below: (Circle One)*

Rating Scale: 1 = Not Satisfactory    2 = Making progress    3 = Satisfactory    4 = Excellent

Skill Requirements	Training Method	Time %	Measurement Method	Rating Scale
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4

Supervisor's Name \_\_\_\_\_ Total Hours Supervised \_\_\_\_\_

Is the participant making satisfactory progress? Yes \_\_\_\_\_ No \_\_\_\_\_

For each rating below a "2", list criteria and or action to be taken for improving. \_\_\_\_\_

Did the participant demonstrate satisfactory attainment of all benchmarks? Yes \_\_\_\_\_ No \_\_\_\_\_

Please summarize your overall evaluation of the trainee: \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Counselor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_