

ON-THE-JOB TRAINING CHECKLIST FOR LEVELS I & II INSTRUCTIONS

PURPOSE

To document training for Business Enterprise students in the On-The-Job Training process.

PREPARED BY

On-the-Job Trainer

INSTRUCTIONS

Complete for each of the eight (8) weeks indicated in the document (Week One, Week Two, Week Three, Week Four, Week Five, Week Six, Week Seven and Week Eight): date of training, if the trainee passed the training and any comments from the trainer.

Trained Column: Enter the date training occurred/completed for each of the training areas.

Passed Column: Enter an "X" on the appropriate line for each of the training areas passed by the trainee.

Comments: Trainer is to enter any comments about the training or trainee.

Instructor signs and dates the form.

Additional Instructor Remarks: Enter any additional information concerning the trainee or trainer.

DISTRIBUTION

Original: On-the-Job Trainer
Copy: BE Representative

BEP Trainer