



DOC  
TYPE 4462

DIVISION OF SPECIAL EDUCATION

PRINT STUDENT'S NAME: (LAST) (FIRST) (M.I.)

DATE (MM/DD/YY)	_____
STUDENT ID. NO.	_____

ON-THE-JOB TRAINING MONITORING REPORT  
FOR STUDENTS WITH DISABILITIES

SCHOOL/AGENCY \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

TEACHER/MONITORING PERSONNEL \_\_\_\_\_

JOB TRAINING SITE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

(CIRCLE QUALITIES)	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
DEPENDABILITY: Good attendance, prompt, consistent, reliable, returns from breaks on time	1	2	3	4	5
INTERPERSONAL RELATIONS: Courteous, considerate, good manners, appreciative, respects others, cooperative, friendly	1	2	3	4	5
EFFICIENCY: Begins tasks promptly, makes wise use of time, performs significant amount of tasks	1	2	3	4	5
EFFECTIVENESS: Accurate, completes work	1	2	3	4	5
APPEARANCE: Clean, neat in appearance, orderly, poised, appropriate clothing	1	2	3	4	5

COMMENTS:

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MONITORING PERSONNEL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Original - Cumulative Folder  
Copy - Job Site Supervisor