



# MONTHLY TIMESHEET & TRAINER'S REPORT

## Occupational Skills Training

Student Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

### Trainer's Report

Please comment on student progress on learning objectives outlined in curriculum.

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What are the areas of focus for this student's training over the next month:

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Has this report been discussed with the student? Yes \_\_\_\_\_ No \_\_\_\_\_ Grade for Month: Pass \_\_\_\_\_ No Pass \_\_\_\_\_

- 1 = Limited demonstration and application of knowledge and skills
- 2 = Basic demonstration and application of knowledge and skills
- 3 = Demonstrates comprehension and is able to apply essential knowledge and skills
- 4 = Demonstrates thorough, effective and/or sophisticated application of knowledge and skills

Preparation for Occupational Objective	1	2	3	4
Demonstrates time-management skills				
Understanding of work responsibilities				
Developing problem solving/critical thinking				
Demonstrates industry-specific math skills				
Can work independently				
Prepared to enter occupation with entry-level skills				

Professional Workplace Behavior	1	2	3	4
Attendance and Punctuality				
Keeps busy – looks for things to do				
Accepts and integrates feedback				
Interacts appropriately – cooperation, teamwork and respect for others				
Shows respect for diverse populations				
Can adapt to work conditions – Is flexible				

Safety	1	2	3	4
Applies Industry and workplace safety standards				
Demonstrates appropriate and careful use of equipment and materials				
Accurate and careful with work				

Communication	1	2	3	4
Uses industry-specific vocabulary effectively				
Demonstrates appropriate verbal and written communication for occupation				
Follows directions and asks questions clearly and respectfully				

Training Site

Trainer's Signature and Date

**\*Please send to: [ost@pcc.edu](mailto:ost@pcc.edu) or fax: 971-722-6124**