



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.

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

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 or fax: 971-722-6124**