



# MONTHLY TIMESHEET & TRAINER'S REPORT

## Occupational Skills Training

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

| Please Track student's hours in training per week |                                | Please track student's hours absent from training |                              |
|---|--------------------------------|---|------------------------------|
| Week of:  | Total hrs in training per week | Date(s) Missed:                                   | Number of hrs missed per day |
|   |                                |   |                              |
|   |                                |   |                              |
|   |                                |   |                              |
|   |                                |   |                              |
|   |                                |   |                              |

Total Hours in training this month: \_\_\_\_\_ Total hours absent from training this month: \_\_\_\_\_

I certify that the above totals are accurate: (Student Signature here) \_\_\_\_\_

### 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](mailto:ost@pcc.edu) or fax: 971-722-6124**