

Department of Vocational Rehabilitation  
On-The-Job Evaluation

Trainee Name: \_\_\_\_\_  
Counselor: \_\_\_\_\_  
Month Ending: \_\_\_\_\_  
Number of Hours Completed: \_\_\_\_\_

Work Related Skills	No Problem	Mild Problem	Moderate Problem	Severe Problem
Attentiveness				
Frustration Tolerance/Persistence				
Adaptability				
Motivation				
Pressure Tolerance				
Quality of Work				
Quantity of Work				
Attendance				
Punctuality				
Safety Consciousness				
Direction Following				
Independent Working				
Cooperation with Supervisor				
Cooperation with Coworkers				
Acceptance by Coworkers				
Concentration				
Written Communication				
Oral Communication				
Appropriateness of Dress				
Personal Hygiene and Grooming				
Trustworthiness				

Observation and Comments on Job Performance:

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DVR Representative

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O.J.T. Supervisor