

Business Name: _____

Trainee Name: _____

Month Reported: _____

Send To:

Amber Zahn azahn1@wctc.edu

Forward Careers, Inc.

892 Main Street, Suite A

Pewaukee, WI 53072-5809

FAX (262) 695-7890

Phone (262) 695-6224

DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HOURS IN TRAINING															

DATE OF MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS IN TRAINING																

A = Absent

S = Sick

H = Holiday

Total Hours for the Month: _____ Current Rate of Pay : _____

TRAINEE EVALUATION (to be filled out by Supervisor)

Please Select One Number Per Item	Poor	Satisfactory	Very Good
Punctuality / Attendance	1	2	3
Organizational Skills, Commitment to Assignment	1	2	3
Attitude/Behavior, Communication	1	2	3
Appropriate Appearance/Dress	1	2	3
Ability to Get Along with Others	1	2	3
Completing Tasks Effectively	1	2	3

Internship Skills/ Competencies Taught (From Internship Request)	Competency Level Attained	Progress Toward Learning The Skill
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled	<u>Poor</u> <u>Satisfactory</u> <u>Very Good</u>
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled	1 2 3
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled	1 2 3
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled	1 2 3
Academic Skills Taught (From Internship Request)	Competency Level to be Attained	Progress Toward Learning The Skill
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled	<u>Poor</u> <u>Satisfactory</u> <u>Very Good</u>
	<input type="checkbox"/> Not Skilled <input type="checkbox"/> Some Skill <input type="checkbox"/> Skilled	1 2 3

Additional Comments:

I certify that the above hours are correct and that I have reviewed the employee evaluation section.

Intern Signature

Date

Employer/Trainer Signature

Date

Send in by the 5th business day of the following month and please keep a copy for your records .

