



ARKANSAS REHABILITATION SERVICES
TRAINEE TIMESHEET
(Should be submitted bi-weekly)

NOTE: THIS REPORT MUST SUBMITTED PER THE AGREEMENT AS SCHEDULED

NAME OF EMPLOYEE/TRAINEE:

PLACE OF EMPLOYMENT:

NAME OF EMPLOYER:

EMPLOYER ADDRESS:

COMPLETE TABLE FOR TOTAL HOURS WORKED BY EMPLOYEE/TRAINEE:

WEEK	DATES OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	WEEKLY TOTAL
1									
2									
3									
4									
5									
								GRAND TOTAL (Hours Worked)	



**ARKANSAS REHABILITATION SERVICES
TRAINING MONTHLY PROGRESS REPORT**
(To Be Completed at the end of every month during the OJT)
*This does not take the place of the required evaluation

CHECK WITH "X" THE WORD OR WORDS BEST DESCRIBING ITEMS 1, 2, 3 AND 4

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|--|--|---|
| <p>1. PROGRESS THIS MONTH:</p> <p>ACCELERATED <input type="checkbox"/></p> <p>AVERAGE <input type="checkbox"/></p> <p>SLOW <input type="checkbox"/></p> <p>NO PROGRESS <input type="checkbox"/></p> | <p>2. QUALITY OF WORK:</p> <p>EXCELLENT <input type="checkbox"/></p> <p>GOOD <input type="checkbox"/></p> <p>FAIR <input type="checkbox"/></p> <p>POOR <input type="checkbox"/></p> | <p>3. COOPERATION IN TRAINING:</p> <p>COOPERATIVE <input type="checkbox"/></p> <p>FAIRLY COOPERATIVE... <input type="checkbox"/></p> <p>INDIFFERENT <input type="checkbox"/></p> <p>NOT COOPERATIVE..... <input type="checkbox"/></p> |
| <p>4. DIFFICULTIES (IF ANY, CHECK BELOW AND EXPLAIN BRIEFLY ON BACK OF THIS FORM):</p> | | |
| <p>(A) WITH TRAINING COURSE:</p> <p>LEARNING SUBJECT MATTER..... <input type="checkbox"/></p> <p>FOLLOWING INSTRUCTIONS..... <input type="checkbox"/></p> <p>HANDLING TOOLS OR MACHINES..... <input type="checkbox"/></p> <p>SPEED <input type="checkbox"/></p> <p>ACCURACY <input type="checkbox"/></p> | | <p>(B) OTHER DIFFICULTIES:</p> <p>WITH DISABILITY <input type="checkbox"/></p> <p>WITH APPLIANCE <input type="checkbox"/></p> <p>WITH GENERAL HEALTH <input type="checkbox"/></p> <p>WITH OTHER (DESCRIBE) <input type="checkbox"/></p> |
| <p>5. NARRATIVE SUMMARY:</p> | | |
| <p>6. RECOMMENDATION AND JUSTIFICATION FOR CONTINUATION OF AGREEMENT (COMPLETE 30 DAYS PRIOR TO END OF WORK/TRAINING)</p> | | |

EMPLOYEE/TRAINEE SIGNATURE: _____

DATE: _____

EMPLOYER SIGNATURE: _____

DATE: _____

Gross hourly wage for employee: _____