



# WorkInvestNH-EMT OJT PERFORMANCE EVALUATION FORM

Please complete and submit this form with the OJT Employment Invoice

Licensed EMS Unit Name: _____	Contract #: _____
Employee Name: _____	Evaluation Period FROM: _____ TO: _____

Please check the appropriate rating for each performance area:

	Excellent	Above Average	Average	Below Average	Poor
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct/Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Skill Acquisition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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Action steps developed with employee to improve *Poor* or *Below Average* ratings:

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Manner of instruction to date (please check all that apply):

- Verbal                       Shadowing                       Practice                       Reading Manuals  
 Other (please explain):

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Upon completion of the OJT Employment period and as this employee continues to improve within their position, do you foresee career advancement opportunities for the employee?

- Yes       No

Is your company interested in taking advantage of becoming a registered apprenticeship site?

- Yes       No

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Signature of Supervisor
Title
Date