



### OJT Training/Learning Plan

Agreement Number \_\_\_\_\_

Participant \_\_\_\_\_

Employing Business \_\_\_\_\_

Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Date Assessment Completed \_\_\_\_\_

Skill Requirements	Training Method	% of Time	Measurement Method	Pre-Assess Skilled/Not	Competency Attained	Date Attained	Employer Verification Initials

OJT Supervisor Signature: \_\_\_\_\_ WIOA OJT Participant Signature: \_\_\_\_\_