



Injured worker		Name of training facility			Claim number	
Name of trainer				Type of training		
Present skill level <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		Period of report From: _____ To: _____				

	Above average	Average	Below average	Observations
General progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of tool or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manual dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Study habits (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is the progress of the injured worker such that you expect he/she to continue training?  
 Yes  No Comment: \_\_\_\_\_

Do you expect the injured worker to complete training by the scheduled completion date?  
 Yes  No Comment: \_\_\_\_\_

Additional comments and/or recommendations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Training attendance record Please place an A in the block for any date that the trainee was scheduled to work but did not report.													
Date: Month/Day	/	/	/	/	/	/	/	/	/	/	/	/	/
Year													
Number of hours													

Warning: Any person who obtains compensation or benefits from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation or benefits to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

Trainer signature	Title	Date
-------------------	-------	------