



Bureau of Workers' Compensation

Employer/Trainer's Report

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

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

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
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