



Instructions

- Please print or type.
• Make sure to enter four digits for the year in all date fields.
• Please rate injured worker by marking the appropriate boxes below, and record observations for each item checked.
• Follow the distribution list at the bottom.

Form with fields: Injured worker, Name of training facility, Claim number, Name of trainer, Type of training, Present skill level (Beginning, Intermediate, Advanced), Period of report (From, To).

Table with 4 columns: Above average, Average, Below average, Observations. Rows include: General progress, Ability to follow instructions, Initiative, Attitude, Safety habits, Use of tool or equipment, Manual dexterity, Study habits (if applicable).

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 table with columns for Date (Month/day, Year) and Number of hours.

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

Evaluator signature and title, Date

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative