

# **Business Enterprises Program (BEP)**

## **On-the-Job Training (OJT)**

### **EVALUATION FORM**

**Student name:** \_\_\_\_\_

**OJT trainer:** \_\_\_\_\_

**BEP Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This evaluation form is used as a guideline highlight the topics that will be covered during the OJT. The OJT trainer will fill out the evaluation form at the completion of the OJT and send it to the BEP director. The student will also be allowed to give feedback on their experience.

The following OJT training evaluation is divided into two sections. The first section has two parts. The first part tracks the frequency that the BEP student performed the required activity and the second part ensures that the OJT trainer discusses pertinent information with the student and provides comments based on their assessment of the student. The second section lists several items that the OJT trainer should be observing while conducting the OJT. There are opportunities after each item description where the OJT trainer can provide comments. It is essential to the process that the OJT trainer provide comments on any items where they believe the student could benefit from additional training. Students should also include in their summary of their experience if they feel they could benefit from additional training or if any areas were not covered during training.

The director will meet with the OJT trainer and the student each week to discuss accomplishments and challenges. This form is meant as a guide and can be modified to ensure that the BEP student is exposed to all duties of a BEP Licensed Blind Vendor.

## SECTION #1 – Part #1

**Directions:** Please indicate on the line provided after each of the two categories the number of days the BEP student performed the task.

### Filling Vending Machines

Please indicate the number of days the student completed the following.

<u>Task Performed</u>	<u>Number of days completed</u>
Filled a Snack Vending Machine	
Filled a Pop Vending Machine	
Filled a Cold Food Vending Machine	
Filled a Frozen Food Vending Machine	
Filled a Coffee Machine	
Filled support fixtures	

Comments

### Cleaning Vending Machines

Using the BEP Maintenance and Cleaning Checklist as a guide, please indicate whether the student performed the following tasks.

<u>Tasks Performed</u>	<u>Frequency of completion- Daily, Weekly, Monthly</u>
Cleaning of Snack Vending Machine	
Cleaning of Pop Vending Machine	
Cleaning of a Cold Food Vending Machine	
Cleaning of a Frozen Food Vending Machine	
Cleaning of a Coffee Vending Machine	
Cleaning of support fixtures	

Comments

*OJT trainer will inform student of the weekly, monthly and annual cleaning tasks a BEP Licensed Blind Vendor are required to perform*

## **SECTION #1 - Part #2**

**Directions:** please complete a check box by each topic in each section when you have completed the training with the student. The checkmark indicates that you discussed the subject matter with the BEP student.

Please provide your comments in the area below the subject matter. There is also a section provided where the BEP student can provide details of their experience related to the subject matter.

### **Setting up a vending business**

Register Doing Business – Secretary of State’s Office  
Creating a separate business bank account  
Sales Tax obligations  
Payroll obligations  
Establishing relationships with suppliers  
Monthly obligations to the BEP

Comments

Student Experience

### **Repairs and Maintenance to Vending Machines**

Reviewed the responsibilities for BEP Licensed Blind Vendors  
Identifying possible repairs  
Performing common repairs to vending machines.

Comments

Student Experience

## **Merchandise Controls**

How BEP Licensed Blind Vendors  
Place orders,  
Receive merchandise,  
Verifies invoices,  
Organize storage areas,  
Loading and unloading,  
Deliver and rotate stock,  
Identifies and disposes of outdate product  
Performs inventories.

Comments

Student Experience

## **Customer Service**

Review the meaning of good customer service  
Review what good service that means to BEP Licensed Blind Vendors.  
How customer services impacts your business.  
Observations by OJT Trainer and BEP student interacting with customers  
Where interactions appropriate, courteous and helpful?

Comments

Student Experience

## **Money Control/Book Keeping**

**OJT trainer exposed BEP student to the monetary system used in the business.**

BEP Licensed Blind Vendors is aware that  
A cash base accounting system is used  
System tracks merchandise purchases,  
Sales and expenses  
Reviewed specific laws that  
Defined what information is required  
Receipts  
Retention  
Review BEP Accounting Manual

Comments

Student Experience

## SECTION #2

Directions: During the OJT, the OJT trainer will review the following topics on a daily basis and notify the director if/when any issues arise. The OJT trainer should be prepared to provide comments evaluating the student's performance in each of these areas.

The OJT trainer will place a check next to the corresponding choice listed in each topic area that best matches the student's performance. Choose all that apply. OJT trainer is required to set goals and timelines for each area that needs improvement. If additional space is needed please attach another paper.

<b>Attendance</b>	<b>I agree with this statement (chose all that apply).</b>
On time every day	
Late two or less days	
Late three or more days	
Needs Improvement(explain)	
Set goal and timeline	
Comments	

<b>Ability to acclimate with surroundings</b>	<b>I agree with this statement (chose all that apply).</b>
Caught on right away no reminders	
Minimal reminders - over all did well	
Remember some but not all	
Needed constant reminding	
Needs improvement	
Set goal and timeline	
Comments	

<b>Personal Appearance/Grooming</b>	<b>I agree with this statement (choose all that apply).</b>
Dresses appropriately	
Clean appearance daily	
Dirty appearance daily	
Needs improvement	

<b>Personal Appearance/Grooming</b>	<b>I agree with this statement (choose all that apply).</b>
Set goals and timeline	
Comments	

<b>Endurance</b>	<b>I agree with this statement (choose all that apply).</b>
Works 4 hours without issue	
Works 6 hours without issue	
Works 8 hours without issue	
Finds working 8 hours exhausting	
Needs Improvement	
Set goals and timeline	
Comments	

<b>Physical Mobility- Navigation</b>	<b>I agree with this statement (choose all that apply).</b>
Little to no issues with moving about	
Minor obstacles-challenges	
Fair ambulation- waits for instructions	
Major obstacles- reluctant to move	
Needs Improvement	
Set goals and timeline	
Comments	

<b>Independent Work Rate (no prompts)</b>	<b>I agree with this statement (choose all that apply).</b>
Slower pace – no mistakes	
Slower Pace – makes frequent mistakes	

<b>Independent Work Rate (no prompts)</b>	<b>I agree with this statement (choose all that apply).</b>
Slower pace – no mistakes	
Slower Pace – continual mistakes	
Continual Pace – no mistakes	
Continual Pace- frequent mistakes	
Continual Pace – continual mistakes	
Steady Pace – no mistakes	
Steady Pace – frequent mistakes	
Steady Pace – continual mistakes	
Needs Improvement	
Set goals and timeline	
Comments	

<b>Communication</b>	<b>I agree with this statement (choose all that apply).</b>
Communicates effectively	
Communicates appropriately	
Communications is awkward	
Communicates when comfortable	
Needs improvement	
Set goals and timeline	
Comments	

<b>Social Interactions</b>	<b>I agree with this statement (choose all that apply).</b>
Initiates social interaction	
Intermittent social interaction	
Rarely socially interacts	
Avoids social interaction	
Polite interaction	
Acts appropriately	
Acts inappropriately	
Needs improvement	
Set goals and timeline	

Comments	

<b>Independent sequencing of job duties</b>	<b>I agree with this statement (choose all that apply).</b>
Can not perform tasks	
Can not perform tasks in sequence	
Performs 1-3 tasks in sequence	
Performs 4-6 tasks in sequence	
Performs 7 or more tasks in sequence	
Needs improvement	
Set goals and timeline	
Comments	

<b>Initiative/Motivation</b>	<b>I agree with this statement (choose all that apply).</b>
Avoids work altogether	
Waits for directions	
Sometime volunteers to do work	
Seek work	
Initiates work on their own	
Needs improvement	
Set goals and timeline	
Comments	

<b>Attention to task/perseverance</b>	<b>I agree with this statement (choose all that apply).</b>
Infrequent prompts/low supervision	
Infrequent prompts/high supervision	
Intermittent prompts/low supervision	

<b>Attention to task/perseverance</b>	<b>I agree with this statement (choose all that apply).</b>
Infrequent prompts/low supervision	
Infrequent prompts/high supervision	
Intermittent prompts/high supervision	
Frequent prompts required	
High supervision	
Needs improvement	
Set goals and timeline	
Comments	

<b>Adapting to Change</b>	<b>I agree with this statement (choose all that apply).</b>
Adapts to change with some difficulty	
Adapts to change with moderate difficulty	
Adapts to change with great difficulty	
Adapts to change – little difficulty	
Adapts to change easily	
Has a rigid routine	
Does not embrace change	
Needs improvement	
Set goals and timeline	
Comments	

<b>Handling Criticism/Stress</b>	<b>I agree with this statement (choose all that apply).</b>
Accepts criticism well	
Does not accept criticism well	
Withdraws into silence	
Becomes resistive/argumentative	
Needs Improvement	
Set goals and timelines	
Comments	

<b>Problem Solving</b>	<b>I agree with this statement (choose all that apply).</b>
Uses experience and education to solve problems	
Little or no feedback required	
Asks appropriate questions	
Completes job duties without issues	
Does not complete job duties	
Rarely completes a task without asking for directions	
Asks multiple times	
Needs improvement	
Set goals and timeline	
Comments	

## Summary of Evaluation

<u>Summary of Sections Section #1 - Part #2</u>	<u>Did Not Complete</u>	<u>Completed Satisfactory</u>	<u>Needs Works</u>
Filling Vending Machines			
Cleaning Vending Machines			
Setting up a vending business			
Repairs and Maintenance to Vending Machines			
Merchandise Controls			
Customer Service			
Money Control/Book Keeping			

<u>Summary of Sections in section #2</u>	<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Needs Works</u>
Attendance			
Ability to Acclimate with Surroundings			
Personal Appearance/Grooming			
Endurance			
Physical Mobility			
Independent Work Rate			
Communications			
Social Interactions			
Independent sequencing of job duties			
Initiative/Motivation			
Attention to Task Perseverance			
Adapting to Change			
Handling Criticism/Stress			
Problem Solving			

<u>I have reviewed the information presented in this evaluation</u>	<u>Sign and date in appropriate space</u>
Student Signature:	
Date:	
OJT Trainer Signature:	
Date:	
BEP Director Signature:	
Date:	

**The following is completed by the director:**

Did the BEP student satisfactorily complete the OJT? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain.

Does the OJT need to be extended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.