

OJT Evaluation Questionnaire

To be completed by Employer

Company: _____

Name: _____

Title: _____

OJT Participant: _____

How important was the availability of OJT in the decision to hire this individual?

☐

Low

☐

Moderate

☐

High

☐

Very High

How successful was the OJT program in getting the new hire up to speed for the position?

☐

Low

☐

Moderate

☐

High

☐

Very High

How willing would you be to participate in another OJT project?

☐

Low

☐

Moderate

☐

High

☐

Very High

How willing would you be to recommend this program to other employers?

☐

Low

☐

Moderate

☐

High

☐

Very High

How would you rate the effectiveness of the OJT program and process overall?

☐

Low

☐

Moderate

☐

High

☐

Very High

How would you rate the value of the OJT program to your business overall?

☐

Low

☐

Moderate

☐

High

☐

Very High

Please provide any additional comments about the OJT program here:
