

Remedial Training Form

Facility: _____ Date of Remedial: _____

Name of Trainee: _____ Employee ID: _____

FTOC: _____ FTO: _____

A. Job Task Analysis

1. The trainee is not demonstrating a level of understanding of a particular task.
2. The trainee is not performing a task, despite apparent understanding
3. The FTO cannot objectively give a rating of Average or higher on a particular task.

B. Documented Substandard Performance (Attach Copy of Trainee Evaluation)

Competency	Rating	Justification

C. Remedial Training Review

Competency Review	Performance Review	Rating

D. Result of Remedial Training

	Return to OJT Program
	Continued Remedial Training
	Employee Accountability and Discipline (Attach copy of EAD Worksheet)

Trainee Signature: _____ Date: _____

FTO Signature: _____ Date: _____

FTOC Signature: _____ Date: _____