

**FLORIDA DEPARTMENT OF EDUCATION DIVISION
OF VOCATIONAL REHABILITATION (VR)
ON-THE-JOB TRAINING (OJT) FINAL REPORT**

OJT FINAL REPORT

Name of Customer:

Customer VR ID Number:

Date of Referral:

Date of Referral Acceptance:

Employment Outcome:

IPE Goal:

Type of OJT Desired:

Please provide the following:

A detailed description of the initial targeted skills:

A detailed description of the actual skills acquired:

A detailed description of the challenges that occurred and how each was addressed

A detailed description of how the targeted skills, the acquired skills, and the challenges faced will be leveraged in further job development.