U.S. DOD Form dod-opnav-12410-12

APPRENTICE AND SHOP TRAINEE PROGRESS REVIEW RECORD

INSTRUCTIONS: ***(1) APPRAISE WORK EXPERIENCE AS O, S+, S, M, OR U.***
(2) GRADE RELATED INFORMATION SUBJECTS ON SCALE OF 0-100% OR AS AGREED WITH COOPERATING SCHOOL.
(3) ENTER COMMENTS REGARDING PERFORMANCE ON BACK OF FORM.

1. EMPLOYEE NAME AND NUMBER	2. JOB TITLE	3. NAME AND LOCATION OF ACTIVITY	4. DATE *(training started)*	5. DATE *(training completed)*

6. WORK EXPERIENCE DUTIES AND TASKS *(from OPNAV 12410/11)*	7. REVIEW OF PROGRESS *(per 26 week period of training -- indicate date (month, day, year) completed in space provided)*															
	FIRST YEAR				SECOND YEAR				THIRD YEAR				FOURTH YEAR			
	(/ /) 1	SPEC	(/ /) 2	SPEC	(/ /) 3	SPEC	(/ /) 4	SPEC	(/ /) 5	SPEC	(/ /) 6	SPEC	(/ /) 7	SPEC	(/ /) 8	SPEC

6. WORK EXPERIENCE DUTIES AND TASKS *(from OPNAV 12410/11)* *(continued)*	7. REVIEW OF PROGRESS *(per 26 week period of training -- indicate date (month, day, year) completed in space provided) (continued)*															
	FIRST YEAR				SECOND YEAR				THIRD YEAR				FOURTH YEAR			
	(/ /) 1	SPEC	(/ /) 2	SPEC	(/ /) 3	SPEC	(/ /) 4	SPEC	(/ /) 5	SPEC	(/ /) 6	SPEC	(/ /) 7	SPEC	(/ /) 8	SPEC
8. RELATED INFORMATION SUBJECTS																
TRADE THEORY																
APPLIED MATHEMATICS																
TRADE SCIENCE																
TRADE DRAWING AND BLUEPRINT READING																
WRITTEN AND ORAL COMMUNICATION																
ORGANIZATIONAL MANAGEMENT																
OTHER:																
9. IMMEDIATE SUPERVISOR *(initials)*																
10. REVIEWING SUPERVISOR(s) *(initials)*																
11. PROGRAM ADMINISTRATOR *(initials)*																

12. COMMENTS: *(Include the apprentice or shop trainee's strong and weak points, identifying the year and period of their occurrence. Continue on attached sheet if necessary.)*