**FORM OT-1: OCCUPATIONAL TRAINING DOCUMENTATION FORM**

**To be completed by the student:**

Student’s Name   
 First Middle Last

Street Address:

City , CT Zip Phone:

Training Program Title:

Program Type: Apprenticeship\* Formalized Job Training Total Training Hours:

Briefly describe at least two basic skills/goals which were taught in this program:

Name of Training Agency or Sponsoring Employer

Attention to

Street Address

City , State Zip Phone

**To completed by Training Agency/Sponsoring Employer:**

1. Has this person completed a formalized, certifiable training program which was at least 48-hours long? Yes  No

2. As stated above by the student, is the description of the skills/goals taught in this program accurate? Yes  No

3. In general, did this person perform successfully in this training? Yes  No

Name: Signature:

Position: Date:

For Office Use Only:  
  
Approved by: Credits Awarded 1  2  Date:

**\*Apprenticeship documentation from CTDOL is attached \_\_\_\_\_**