

WIOA Work Experience

Worksite Assessment / Monitoring Tool

To be completed by Service Provider Staff (other than Career Planner assigned to participant) – Once prior to end of contract.

WORKSITE INFORMATION

Name of Worksite: _____

Address: _____

Worksite Supervisor: _____

Participant's Name : _____.

Program Assessment

1. When did the participant(s) begin working? (Date should not be prior to the execution of the worksite agreement)
2. How many hours to date has the individual worked? _____.
3. How much have they been paid to date?_____.
4. Is it consistent with the work site agreement – Rate of Pay, Hours Worked etc...? Yes/No
5. Is there an alternate person who supervises the participants in the absence of the assigned supervisor? Yes/No Name of the alternate supervisor?_____.
6. Was Work Site Supervisor Orientation provided to all supervisors, as well as alternate supervisors? Yes/No
7. Is work site satisfied with the worker trainee(s)? (i.e. timely, productive, attitude, etc.)?
8. Is the work site satisfied with the Career Planner? (responsive, helpful etc..)
9. Would the work site participate in the program again?
10. Does the work site have any suggestions to improve the program?

Service Provider Reviewer Signature, Title & Date

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To be completed by Career Planner a minimum of once per month for the duration of the contract.

WORKSITE INFORMATION

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Name of Worksite: _____

Worker Trainee Name: _____

Review by: _____ Date: _____

Worker Trainee Evaluation

1. What, if any, new skills have been learned because of this job/training in the past 30 days?
2. Have you engaged in any political/religious activities or been asked to participate those activities in the past 30 days? (I.e. handing out union cards, asking for votes for union activities; participating in religious services, decorating altars, etc.) (Yes/No)
3. Have your work hours remained consistent in the past 30 days? (Yes/No)
4. Have you accurately completed and submitted your time sheet for the past 30 days have your paychecks been on time? (Yes/No)
5. Are your job duties what you expected? (Yes/No) If not what was different?
6. Has your job/training influenced your future goals in the last 30 days – are you considering furthering your education? (Yes/No) If yes what are you considering?
7. Do you require any additional assistance? (Yes/NO) If yes what type of assistance?
8. In the past 30 days have you been late or absent? (Yes/No) If yes did you follow the proper procedure (i.e. call in to your supervisor) (Yes/No) Please explain

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9. How would you rate your performance in the past 30 days for the following:

Attendance:	Above Average / Average / Below Average / Needs Improvement
Punctuality:	Above Average / Average / Below Average / Needs Improvement
Working with Others:	Above Average / Average / Below Average / Needs Improvement
Following Instruction:	Above Average / Average / Below Average / Needs Improvement
Work Initiative:	Above Average / Average / Below Average / Needs Improvement
Quality of Work:	Above Average / Average / Below Average / Needs Improvement

10. Do you have any other comments or concerns?

Signature of Career Planner Reviewing, Date