

**ON-THE-JOB TRAINING (OJT)
SITE MONITORING REPORT**

CUSTOMER NAME:	Date of Visit:
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Training Period:

Occupation:

TRAINING SUPERVISOR/TRAINING SITE:

Employer (Name & Address):	Occupation: Supervisor Name & Number:	Training Dates: Total Training Hours: Start: Completion:
Hourly Wage:	Subsidized Hourly Wage:	Total Reimbursable Amount:

EMPLOYER INTERVIEW:

- Please describe the training program being provided to Pacific Gateway Trainee. What is customer's current hourly salary?
- What is the name/title of representative(s) providing the training, if other than yourself?
- Are you satisfied with the Trainee's performance and progress? Yes___ No___ Explain.
- Do you feel that the Trainee will be able to learn the skills necessary to acquire and/or retain a job for which they are being trained? Yes___ No___ Explain.
- How do you verify that the Trainee has acquired planned skills?
- What skills has the Trainee acquired to date?

7. What additional skills will be attained prior to completion of training program?
8. Comments and/or suggestions:

TRAINEE INTERVIEW:

1. What skills have you learned or improved on since beginning the job?
2. What are your current responsibilities?
3. In your opinion, are you receiving an adequate level of supervision and instruction? Yes___ No___ Explain.
4. Has your training, up to this point, met your expectations? Yes___ No___ Explain.
5. Do you feel that you will be able to learn the skills necessary to acquire and/or retain a job for which you are being trained? Yes___ No___ Explain.
6. Is training facility conducive to a good learning environment? Yes___ No___ If no, explain.
7. Are you experiencing any problems that are affecting your participation in this training program? Yes___ No___ If yes, describe.
8. What recommendations or suggestions do you have to improve on this training?

PACIFIC GATEWAY STAFF COMMENTS:

1. Is training provided according to OJT Agreement? Yes___ No___ If no, please explain
2. Is a corrective action(s) to be cited as a result of this site monitoring visit? Yes___ No___ If yes, specify.

3. What action will be taken to resolve this corrective action(s)? When is the corrective action(s) expected to be resolved?

4. Was a follow-up site monitoring visit scheduled? Yes___ No___ If yes, what is the date of the scheduled visit?

5. Comments and/or suggestions:

Corrective Action Required? :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Site Monitoring Conducted By:

Pacific Gateway Representative

Date:

Site Monitoring Report Reviewed By:

Program Manager

Date: