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

CUSTOMER NAME:	ENROLLMENT NO.:

Date of Visit:	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:

1. Please describe the training program being provided to Pacific Gateway Trainee. What is customer's current hourly salary?

2. What is the name/title of representative(s) providing the training, if other than yourself?

3.   How many Pacific Gateway Trainees do you have employed at this time? How many regular employees do you have employed at this time? Ratio of Pacific Gateway OJT employees to Non-Pacific Gateway OJT employees is _____ to _____.

4.   Are you satisfied with the Trainee's performance and progress? Yes___ No___   Explain.

5.   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.

6.   How do you verify that the Trainee has acquired planned skills?

7.   What skills has the Trainee acquired to date?

8.   What additional skills will be attained prior to completion of training program?

9.   Comments and/or suggestions:

TRAINEE INTERVIEW:

1.   Please describe your current training activity. What is your current hourly salary?

2.   In your opinion, are you receiving an adequate level of supervision and instruction?
        Yes___ No___ Explain.

3.   Has your training, up to this point, met your expectations? Yes___ No___ Explain.

4.   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.

5.   Is training facility conducive to a good learning environment? Yes___ No___ If no,
        explain.

6.	Are you experiencing any problems that are affecting your participation in this training program? Yes___ No___ If yes, describe.

7.	Comments and/or suggestions:

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:

Note: Pacific Gateway Representative's review is required if either of the following apply: Employer or Trainee responded "No" to any questions, Discrepancy in Employer and Trainee responses, Non-compliance to OJT agreement or other applicable documentation, **Number of OJT participants is more than 25% of total number of employees,** Corrective action(s) are to be cited, or Network staff expresses additional concerns regarding training or site visit.

| Corrective Action Required? : | Yes ☐ | No ☐ |

Site Monitoring Conducted By:

_____   Date:_____
Employment Specialist

Site Monitoring Report Reviewed By:

_____   Date:_____
Program Supervisor

c: Customer File
        Employer

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