**Massachusetts On-the-Job Training (OJT)**

**OJT Local Monitoring Report**

**OJT INFORMATION**

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| Employer:       |
| Employer MOSES ID:       | OJT Course Number:       |
| OJT Site Address:       |
| City:       | State:       | ZIP:       |
| OJT Trainer/Supervisor:       | Title:       |
| Trainer/Supervisor Phone:        | E-mail:       |
| OJT Trainee:       | MOSES ID:  |
| OJT Reviewer:       | OJT Contact Name:       |
| OJT Contract Dates:       to       | Date of Review:       |

**MONITORING SUMMARY**

|  |  |  |
| --- | --- | --- |
| Supervisor Interview | [ ]  Complete | Notes:  |
| Trainee Interview | [ ]  Complete | Notes:  |
| Reviewer Report & Observations | [ ]  Complete | Notes:  |
| Technical Assistance Provided | [ ]  Yes [ ]  No | Notes:  |
| Corrective Action Required | [ ]  Yes [ ]  No | Notes:  |

**TRAINEE’S INTERVIEW SHEET**

1. **OJT TRAINING PLAN:**
	1. Do you have a copy of your OJT Training Plan? [ ] YES [ ] NO
	2. Does it match the job you are doing? [ ] YES [ ] NO
	3. Are you receiving the type of training specified [ ] YES [ ] NO

in the OJT Training Plan?

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SUPERVISION:**
	1. Who is training you (i.e., your supervisor, co-worker, specialized trainer)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Who assigns your work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. How much time does your trainer/supervisor spend with you during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Does your supervisor/trainer explain your assignments and give you

help if needed? [ ] YES [ ] NO

* 1. Does your supervisor/trainer review your job performance with you? [ ] YES [ ] NO
	2. Does your supervisor/trainer review the monthly progress reports with you? [ ] YES [ ] NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TIME & ATTENDANCE:**

a. How many hours per week are you working? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. How much are you paid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. How are your work hours tracked (e.g. sign in, punch a clock)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Are you paid regularly and in a timely fashion? [ ] YES [ ] NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GENERAL:**

a. Do you believe the training site is easily accessible, safe and friendly? [ ] YES [ ] NO

b. Do you have any problems with your job? [ ] YES [ ] NO

c. Are you getting along with your co-workers and supervisor/trainer? [ ] YES [ ] NO

d. Is there anything particular you like or dislike about your job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you would like to share with me about your OJT experience?

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**SUPERVISOR’S INTERVIEW SHEET**

|  |  |
| --- | --- |
| Supervisor Interviewed:       | Supervisor Job Title:       |
| Interview Date:       | Interview Location:  |

1. **SUPERVISION AND TRAINING:**
	1. Do you have a copy of the OJT contract? [ ] YES [ ] NO
	2. Do you review the trainee’s progress report with the trainee? [ ] YES [ ] NO
	3. Do the trainee’s work assignments comply with the OJT

Training plan? [ ] YES [ ] NO

* 1. Is the training plan being followed? [ ] YES [ ] NO
	2. How is the trainee’s safety and well-being ensured?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TIME RECORDS:**
	1. How are the trainee’s work hours tracked?

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(Person monitoring should review current time card/sheets.)

* 1. How would you describe the trainee’s attendance and punctuality?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. What is the trainee’s hourly rate of pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GENERAL:**
	1. Is the trainee performing his/her work assignments satisfactorily? [ ] YES [ ] NO
	2. Do you have any concerns about the trainee? [ ] YES [ ] NO
	3. Do you have any concerns about the OJT contract? [ ] YES [ ] NO
	4. In general, are you satisfied with the OJT contract? [ ] YES [ ] NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REVIEWER REPORT & OBSERVATIONS**

1. **PERCEPTION OF PLANT/FACILITY**
	1. Were all equipment, materials, etc. found in working order and in

sufficient quality [ ] YES [ ] NO

* 1. Were they up-to-date? [ ] YES [ ] NO
	2. In your opinion, is the work/training site unsanitary, hazardous, or

 dangerous to the trainee’s health or safety? [ ] YES [ ] NO

d. Is there sufficient space for training activities? [ ] YES [ ] NO

* 1. Are there any other health/safety issues? [ ] YES [ ] NO
	2. If applicable, has appropriate accommodation been made for an OJT trainee

covered under the Americans with Disabilities Act? [ ] YES [ ] NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TRAINING CONTENT**
	1. Is the schedule being followed according to the contract? [ ] YES [ ] NO
	2. If not, do the changes conform to the approved training plan and the total [ ] YES [ ] NO

 number of training hours specified in the contract?

* 1. Does the trainee hourly wage match the OJT contract? [ ] YES [ ] NO
	2. If not, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ATTENDANCE**
2. Is there an attendance or punctuality issue? [ ] YES [ ] NO
3. If yes, what methods are being employed to address attendance issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **TEACHING METHODS**
5. Is the instructional method as described in the training plan being implemented? [ ] YES [ ] NO
6. Are the training hours as described in the training plan sufficient for each task? [ ] YES [ ] NO
7. Is the agreed upon method of evaluation being used? [ ] YES [ ] NO
8. Is skill level being successfully attained? [ ] YES [ ] NO
9. Does the trainer appear motivated and competent? [ ] YES [ ] NO
10. Does the trainee appear attentive and interested? [ ] YES [ ] NO
11. Is native language of trainee spoken by trainer? [ ] YES [ ] NO
12. Is trainee paid in timely fashion? [ ] YES [ ] NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **REPORTS**
	1. Is the employer submitting required Monthly Progress reports in a

timely fashion? [ ] YES [ ] NO

* 1. Is the employer submitting invoices in a timely fashion? [ ] YES [ ] NO
	2. If not, what corrective actions are in place to address this issue?

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WIOA REGULATIONS COMPLIANCE**
	1. Are any WIOA dollars being used for political activities? [ ] YES [ ] NO
	2. Are any WIOA dollars being used to aid or deter union organizing [ ] YES [ ] NO

 or collective bargaining?

* 1. Are any WIOA dollars being used to promote any sectarian or religious [ ]  YES [ ] NO

 activities?

* 1. Are any WIOA trainees being charged any fees for any service? [ ] YES [ ] NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SUMMARY**

Was technical assistance provided or necessary? [ ] YES [ ] NO

If yes, explain:

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Is corrective action required? [ ] YES [ ] NO

If yes, explain:

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Print/Type Reviewer Name Reviewer Signature / Date