**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?

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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?

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* 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