

Massachusetts On-the-Job Training (OJT)

OJT Local Monitoring Report

OJT INFORMATION

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 Single Point of Contact:
OJT Contract Dates: to		Date of Review:

MONITORING SUMMARY

Supervisor Interview	<input type="checkbox"/> Complete	Notes:
Trainee Interview	<input type="checkbox"/> Complete	Notes:
Reviewer Report & Observations	<input type="checkbox"/> Complete	Notes:
Technical Assistance Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Corrective Action Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:

TRAINEE'S INTERVIEW SHEET

1. OJT TRAINING PLAN:

- a. Do you have a copy of your OJT Training Plan? ☐ YES ☐ NO
- b. Does it match the job you are doing? ☐ YES ☐ NO
- c. Are you receiving the type of training specified in the OJT Training Plan? ☐ YES ☐ NO

Comments: _____

2. SUPERVISION:

- a. Who is training you (i.e., your supervisor, co-worker, specialized trainer)? _____
- b. Who assigns your work? _____
- c. How much time does your trainer/supervisor spend with you during the day? _____
- d. Does your supervisor/trainer explain your assignments and give you help if needed? ☐ YES ☐ NO
- e. Does your supervisor/trainer review your job performance with you? ☐ YES ☐ NO
- f. Does your supervisor/trainer review the monthly progress reports with you? ☐ YES ☐ NO

Comments: _____

3. 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: _____

4. 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?

SUPERVISOR'S INTERVIEW SHEET

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

1. **SUPERVISION AND TRAINING:**

- | | |
|---|--|
| a. Do you have a copy of the OJT contract? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Do you review the trainee's progress report with the trainee? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Do the trainee's work assignments comply with the OJT Training plan? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d. Is the training plan being followed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e. How is the trainee's safety and well-being ensured? | |

Comments: _____

2. **TIME RECORDS:**

- a. How are the trainee's work hours tracked?

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

- b. How would you describe the trainee's attendance and punctuality?

- c. What is the trainee's hourly rate of pay? \$_____

Comments: _____

3. **GENERAL:**

- | | |
|---|--|
| a. Is the trainee performing his/her work assignments satisfactorily? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Do you have any concerns about the trainee? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Do you have any concerns about the OJT contract? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d. In general, are you satisfied with the OJT contract? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Comments: _____

REVIEWER REPORT & OBSERVATIONS

1. PERCEPTION OF PLANT/FACILITY

- a. Were all equipment, materials, etc. found in working order and in sufficient quality ☐ YES ☐ NO
- b. Were they up-to-date? ☐ YES ☐ NO
- c. 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
- e. Is the site handicapped accessible? ☐ YES ☐ NO
- f. Are there any other health/safety issues? ☐ YES ☐ NO

Comments: _____

2. TRAINING CONTENT

- a. Is the schedule being followed according to the contract? ☐ YES ☐ NO
- b. If not, do the changes conform to the approved training plan and the total number of training hours specified in the contract? ☐ YES ☐ NO
- c. Does the trainee hourly wage match the OJT contract? ☐ YES ☐ NO
- d. If not, explain _____

Comments: _____

3. ATTENDANCE

- a. Is there an attendance or punctuality issue? ☐ YES ☐ NO
- b. If yes, what methods are being employed to address attendance issues?

4. TEACHING METHODS

- a. Is the instructional method as described in the training plan being implemented? ☐ YES ☐ NO
- b. Are the training hours as described in the training plan sufficient for each task? ☐ YES ☐ NO
- c. Is the agreed upon method of evaluation being used? ☐ YES ☐ NO
- d. Is skill level being successfully attained? ☐ YES ☐ NO
- e. Does the trainer appear motivated and competent? ☐ YES ☐ NO
- f. Does the trainee appear attentive and interested? ☐ YES ☐ NO
- g. Is native language of trainee spoken by trainer? ☐ YES ☐ NO
- h. Is trainee paid in timely fashion? ☐ YES ☐ NO

Comments: _____

5. REPORTS

- a. Is the employer submitting required Monthly Progress reports in a timely fashion? ☐ YES ☐ NO
- b. Is the employer submitting invoices in a timely fashion? ☐ YES ☐ NO
- c. If not, what corrective actions are in place to address this issue?

Comments: _____

6. WIA REGULATIONS COMPLIANCE

- a. Are any WIA dollars being used for political activities? ☐ YES ☐ NO
- b. Are any WIA dollars being used to aid or deter union organizing or collective bargaining? ☐ YES ☐ NO
- c. Are any WIA dollars being used to promote any sectarian or religious activities? ☐ YES ☐ NO
- d. Are any WIA trainees being charged any fees for any service? ☐ YES ☐ NO

Comments: _____

7. SUMMARY

Was technical assistance provided or necessary? ☐ YES ☐ NO

If yes, explain:

Is corrective action required? ☐ YES ☐ NO

If yes, explain:

Print/Type Reviewer Name

Reviewer Signature / Date