

**Nevadaworks  
Final OJT Evaluation**

Trainee Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Begin Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Proj. End Date: \_\_\_\_\_

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**Questions for staff conducting monitoring visit:**

1. Were monthly invoices for reimbursement being submitted on time with the proper documentation, and do time sheets support hours claimed for reimbursement? YES  NO

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

2. Did the employer adhere to both the provisions of the contract and the contract Assurances?

YES  NO  Comments: \_\_\_\_\_

3. Is the employer recommended for additional OJT Agreements? YES  NO  (If no, contact Nevadaworks)

**Questions for the employer:**

4. Did the Trainee progress as expected and on schedule? YES  NO

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

5. Does the employer expect to retain the Trainee?

YES  NO  If not, why? \_\_\_\_\_

6. Additional Comments:

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

**Questions for the trainee:**

7. Was the trainee provided the skills as identified in the OJT Training Outline?

YES  NO

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

8. Did this job meet the trainee's expectations?

YES  NO  If Not, why? \_\_\_\_\_

9. Does the trainee want to remain employed with this employer and in this occupation?

YES  NO  If Not, why? \_\_\_\_\_

10. Additional Comments:

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

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Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Site Visit Date: \_\_\_\_\_ Agency: \_\_\_\_\_