

**Nevadaworks  
Mid-OJT On-Site Evaluation**

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

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

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

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**Questions for staff conducting monitoring visit:**

1. Are 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. Is the employer adhering to both the provisions of the contract and the contract Assurances?

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

**Questions for the employer:**

3. Who directly supervises and evaluates the progress of the Trainee?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

4. Is the Trainee progressing as expected and on schedule? YES  NO

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

5. Does the employer expect to retain the Trainee after the end of the training period?

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

6. Additional Comments:

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

**Questions for the trainee:**

7. Is the trainee being provided with skills as identified in the OJT Training Outline?

YES  NO

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

8. Is this job meeting 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: \_\_\_\_\_