**OJT/ISTEP Site Monitoring**

This form is used to document ISTEP. Must be completed at 25% and 50% of training

Agency Name Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Company Name Company Contact

Click or tap here to enter text. Click or tap here to enter text.

Company Address Trainer(s) Name(s)

Click or tap here to enter text. Click or tap here to enter text.

Employee Name Employee Job Title

Click or tap here to enter text. Click or tap here to enter text.

Employee SSN (last four digits) Wage Rate

|  |  |  |  |
| --- | --- | --- | --- |
| **Check Yes, No, or N/A for the following statements:** | **Yes** | **No** | **N/A** |
| 1. The trainer is the same person listed in the ISTEP. If not, identify the new trainer(s) (add note). |  |  |  |
| 1. The equipment/tools needed for training are accurately stated in the ISTEP. |  |  |  |
| 1. OJT participant has been compensated at a rate equal or greater than identified in the ISTEP. |  |  |  |
| 1. Have any safety or health concerns been expressed? If yes, add note. |  |  |  |
| 1. Training was observed and is consistent with the ISTEP. |  |  |  |
| 1. Are there any modifications to the training? If yes, have modifications sent to Click or tap here to enter text. |  |  |  |
| 1. After soliciting feedback from the OJT participant report, are there any issues raised that need to be addressed? (add note). |  |  |  |

Need for further follow-up:

Click or tap here to enter text.

Notes:

Click or tap here to enter text.

Site Monitoring Conducted by:Click or tap here to enter text. Date: Click or tap here to enter text.

**OJT/ISTEP Site Monitoring – Instructions**

* **Agency Name** - Add your agency complete name
* **Company Name** - Provide the name of the company per the OJT agreement
* **Company Contact** - Include the supervisor contact name and title
* **Company Address** - Complete worksite address listed in the OJT agreement
* **Trainer(s)** - Include the name(s) of the trainer(s) at the OJT worksite
* **Employee Name** – Include the name of the OJT employee
* **Employee Job Title** - Provide the job title of the employee’s position at the OJT worksite
* **Employee SSN** – Include the employee social security number, only the last four digits
* **Wage Rate** - Add the current wage that the position is paying at the OJT worksite
* If the trainer is different or more than one person, please add the name(s) in the notes section (1)
* Add a note about the equipment if it is necessary in the notes section (2)
* Wages should be similar as other employees doing the same type of work (3)
* Please add any expressed health or safety concerns in the notes section (4)
* Training should be similar to the Individualized Services Training and Employment Plan (5)
* If applicable, add your agency name here as well (6)
* If applicable, add a note about the issues mentioned by the OJT participant (7)
* **Need to further follow-up** - Add additional concerns in the Need for further follow-up section
* **Notes** - Please include notes as necessary
* **Site Monitoring Conducted by** - Add the name of the person doing the site monitoring, agency and phone number
* **Date** - Include the date of the site monitoring.

Notes:

* This form must be completed at 25% and 50% of training dates
* Career Connect must be updated for both candidate and employer. Services should be added after each visit
* Add the site monitoring form in the OJT worksite file. Email electronic versions at the end of training (ISTEP) to ExecOJT\_ISTEP@workforceboard.org
* Make sure you mention to the OJT worksite that if the contact person changes the OJT worksite must inform your agency ASAP
* Changes to an ISTEP might be okay, but they must be reported to your agency for ISTEP modification