

An Incumbent Worker Training (IWT) lasting longer than 30 days will be subject to a mid-point monitoring to verify that the training is progressing as planned.

BUSINESS & TRAINING INFORMATION

Company Name: _____ Monitoring Date: _____

Contact Name: _____

Training Program Title: _____

Training Start Date: _____ Training End Date: _____

No. of Employees in Training: _____

BUSINESS SATISFACTION

1. Employer satisfaction with the IWTS contractual arrangements: ☐ Satisfied ☐ Moderately Satisfied ☐ Unsatisfied
2. Training has progressed as planned: ☐ Yes ☐ No
3. Employer comments to BSR: _____

BSR REVIEW (TO BE SIGNED AFTER DISCUSSION WITH BUSINESS)

1. Business is complying with general provisions of contract? ☐ Yes ☐ No
2. Observations:
 - ☐ Supervision of employee(s) appears adequate
 - ☐ Business is complying with progression of training according to plan
 - ☐ Business maintains adequate records related to contract -- contract on file, training competencies, invoice, employee(s) County of residency, etc.
 - ☐ Supervisor is aware of contracted training time
 - ☐ Employee's training agrees with contract
3. Explain any indicators of non-compliance or inconsistencies in training contract and plans. _____

SIGNATURES

Business Signature: _____ Date _____

Immediate Supervisor Signature _____ Date _____

BSR Signature _____ Date _____



EMPLOYEE SATISFACTION

Employee #1 Name: _____

1. Is supervision adequate: ☐ Yes ☐ No
2. Is satisfied with the training goals: ☐ Yes ☐ No
3. Training matches the competencies in contract. ☐ Yes ☐ No

If not explain/ Other comments:

Employee Signature: _____ Date _____

Employee #2 Name: _____

4. Is supervision adequate: ☐ Yes ☐ No
5. Is satisfied with the training goals: ☐ Yes ☐ No
6. Training matches the competencies in contract. ☐ Yes ☐ No

If not explain/ Other comments:

Employee Signature: _____ Date _____

Employee #3 Name: _____

7. Is supervision adequate: ☐ Yes ☐ No
8. Is satisfied with the training goals: ☐ Yes ☐ No
9. Training matches the competencies in contract. ☐ Yes ☐ No

If not explain/ Other comments:

Employee Signature: _____ Date _____

