



# TRAINING PROVIDER MONITORING REPORT

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AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

**OBJECTIVE 1: Determine whether training provider is properly documenting student's progress and attendance.**

1. Review internal system:
  - a. Who approves students?
  - b. Who tracks time and attendance?
  - c. Who has access to customer files?
  - d. Are files kept in a safe, secure place?

**OBJECTIVE 2: Determine whether training provider is in compliance with contract agreement.**

2. Review customer files:
  - a. Do files contain referrals and enrollment documentation?
  - b. Do files contain required paperwork?
  - c. Are files organized?
  - d. Do files contain progress notes?
  - e. Are lessons defined and appropriate?
  - f. Paperwork completed in a timely manner?
  - g. Physical condition of school?



## BURLINGTON COUNTY PROGRAM MONITORING FACILITY TOUR RATING INSTRUMENT

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**The facility is clean and well lit.**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**The environment is cheerful and inviting.**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**The facility is handicap accessible.**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**Staff is present**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes                      Somewhat                      Not Really                      Definitely No

**Staff exhibit professional behavior**

Definitely Yes                      Somewhat                      Not Really                      Definitely No



**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting)

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers.

FINDINGS, RECOMMENDATIONS & ACTION:

Positive Findings:

Recommendations:

Corrective Action – Needed:            Yes                            No

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WIOA Program Coordinator Signature

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Date Prepared

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Training Provider Signature

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Date