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| Texas Workforce Solutions logo | **SEAL Worksite Monitoring Report** | |
| Workforce Development Board Name: | | |
| SEAL Participant Name: | | VR Case ID: |
| VR Counselor Name: | | |
| Date of Worksite Monitoring: | | |
| Method of Worksite Monitoring: | In Person  Electronic | |
| Worksite (Employer) Name: | | |
| Monitoring Visit Conducted with (check all that apply): | Worksite Supervisor  SEAL Participant  Work Experience Trainer | |
| Worksite Address: | | |
| **Assessment of Progress** | | |
| What is going well? Check all that apply. | Willingness to learn  Reliability  Time management  Job performance  Teamwork  Other: | |
| Is the participant experiencing any challenges? If yes, check any that apply.  Yes  No | Willingness to learn  Reliability  Time management  Job performance  Teamwork  Other: | |
| If the participant is experiencing challenges, what action was taken to address? | | |
| **Submitted By** | | |
| Name of Board or Board contractor staff member: | | Date: |