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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:      |