

[illegible]

Worksite Agreement Checklist	Yes	No	N/A
1. Worksite/Employer Information Completed?			
a. Company Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. FEIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Address, City, State, Zip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contact Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Collective Bargaining Agent (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Worksite is government or private nonprofit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Worksite Information Completed?			
a. Position Titles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervisor Titles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employer/Authorized Representative Signature Block Complete?			
a. Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Type/Print Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agency Authorized Signature Block Complete?			
a. Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Type/Print Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the "General Assurances explained to the Worksite/Employer?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Was the Worksite/Employer signatory appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor's Comments:			

Overall Worksite Review	Yes	No
1. Is there adequate supervision of the participants?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the Worksite Supervisor receive orientation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the supervisor available to participants?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there an effective working relationship between Worksite supervisors, participants, and other employees, etc?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are task assignments effective in providing continuous and meaningful work for the participants?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do the participants have adequate supplies/resources to do the work?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are timesheets being submitted correctly?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the supervisor and participant sign the timesheet?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there an accident report completed each time a participant is involved in an accident?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all participants dressed appropriately?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there evidence of discrimination experienced by the participants at the Worksite?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have there been any complaints filed by the participants?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are safety procedures being followed (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are the following available:		
a. Drinking water?	<input type="checkbox"/>	<input type="checkbox"/>
b. Restrooms?	<input type="checkbox"/>	<input type="checkbox"/>
c. First Aid Kit?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are daily site inspections being completed prior to work beginning?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is any of the personal protective equipment (PPE) being used defective or damaged?	<input type="checkbox"/>	<input type="checkbox"/>
Monitor's Comments:		

Worksite Supervisor Interview		Date: _____
Person Interviewed: _____		
1. What type of work are you doing with the DREP Program? _____ _____		
2. What are the work duties of the participants? _____ _____		
3. Are the participants doing the type of work originally planned in the Worksite Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are the participants able to perform the work being scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you familiar with any special needs participants may have?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____ _____		
6. Do you feel objectives can be achieved at this Worksite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: _____ _____		
7. Do the participants follow instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do the participants work well together?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do participants receive feedback on their progress from you?	<input type="checkbox"/> Verbal	<input type="checkbox"/> Formal <input type="checkbox"/> No
10. How is attendance? _____ _____		
11. Does the work begin on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are participants receiving their breaks as scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. As a supervisor do you sign and approve the crew member's timesheets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are the timesheets up-to-date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are all safety requirements being met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. What is your perception of the program thus far? _____ _____		
Monitor's Comments:		

Participant Interview		Date: _____
Person Interviewed: _____		
1. What type of work are you doing with the DREP Program? _____ _____		
2. How has your attendance been? _____		
3. Do you receive feedback on progress?	<input type="checkbox"/> Verbal	<input type="checkbox"/> Formal <input type="checkbox"/> No
4. Are you currently looking for employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you able to perform the work being scheduled?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have any special needs that need to be addressed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ _____		
7. Do you feel the objectives can be achieved at this Worksite? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments: _____ _____		
8. Has your Worksite supervisor been available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Do you have any problems with fellow participants or other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____ _____		
10. Does work begin on time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Are you receiving your breaks as scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Do you sign and verify your timesheet daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Do you feel safety requirements are being met? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Do you feel you are able to communicate with your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Do you have a clear understanding of your responsibilities being involved in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Do you have any questions or concerns about your participation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. What is your perception of the program thus far? _____ _____		
Monitor's Comments:		

Name: _____

Employment Start Date: _____

Average Hours Per Day: _____

Per Week: _____

	Yes	No
1. Did you pass a physical?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive a tetanus shot?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive a Worksite Orientation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did orientation include the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Attendance Policy	<input type="checkbox"/>	<input type="checkbox"/>
b. Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>
c. Dress Code	<input type="checkbox"/>	<input type="checkbox"/>
d. Disciplinary Code	<input type="checkbox"/>	<input type="checkbox"/>
e. Expectations on the Job	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____
