



WORK EXPERIENCE PARTICIPANT END-POINT MONITORING

PARTICIPANT'S NAME	STATE ID	BEGIN DATE OF TRAINING	
EMPLOYER'S NAME	SUPERVISOR	MONITOR DATE	
WORK EXPERIENCE TRAINING PLAN ACTIVITIES (Please list)	NEEDS IMPROVEMENT	PROFICIENT	EXCEEDS EXPECTATIONS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
REVIEW COMMENTS/GOALS			
EMPLOYER/SUPERVISOR SIGNATURE			DATE
PARTICIPANT SIGNATURE			DATE
WORKFORCE INVESTMENT BOARD SIGNATURE			DATE
The South Central Workforce Investment Board is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.			