Worksite Visit Documentation - FORWD DWG

SECTION 1: Visit Information

Visit Date:		**Visit Time:**	
Staff Name:		**Staff Title / Role:**	
Agency / Program:			

SECTION 2: Participant & Worksite Information

Participant Name:	
Case / ID #:	
Employer / Worksite Name:	
Worksite Address:	
Worksite Supervisor:	
Participant's Work Schedule:	

SECTION 3: Type of Visit

Visit Type:	☐ Initial / Orientation	☐ Scheduled Follow-Up	☐ Unannounced Check-In	☐ Issue / Concern Follow-Up

Persons Contacted:	☐ Participant ☐ Worksite Supervisor ☐ Co-workers ☐ Other: _____

SECTION 4: Worksite Compliance & Safety Review

Item	Yes	No	N/A
Work tasks are consistent with the approved Training Plan / PWE Agreement.	☐	☐	☐
Participant is present and engaged in assigned duties.	☐	☐	☐
Participant is being supervised by an appropriate worksite supervisor.	☐	☐	☐
Work environment appears safe, clean, and free of hazards.	☐	☐	☐
Participant has received required safety orientation/training.	☐	☐	☐
Participant's hours are being tracked accurately (timesheets/time records).	☐	☐	☐
There is no indication of displacement of regular employees.	☐	☐	☐
Participant is being treated equitably (comparable to other workers in similar roles).	☐	☐	☐
Grievance procedures have been made available to the participant.	☐	☐	☐
No evidence of discrimination or harassment observed.	☐	☐	☐

SECTION 5: Participant Progress & Observations

Attendance & Punctuality:	☐ Satisfactory	☐ Needs Improvement	☐ Unsatisfactory	☐ Not Observed
Job Performance:	☐ Satisfactory	☐ Needs Improvement	☐ Unsatisfactory	☐ Not Observed
Professional Behavior:	☐ Satisfactory	☐ Needs Improvement	☐ Unsatisfactory	☐ Not Observed
Skills Development:	☐ On Track	☐ Needs Support	☐ Exceeding Expectations	

Participant Comments / Concerns Expressed:	
Supervisor Comments / Concerns Expressed:	

SECTION 6: Issues Identified & Action Taken

Issues / Concerns Identified:	☐ None identified ☐ See notes below
Description of Issue(s):	
Action(s) Taken or Planned:	
Follow-Up Required?	☐ Yes — Follow-up Date: _____ ☐ No

SECTION 7: General Notes / Additional Observations

SECTION 8: Staff Certification

I certify that this worksite visit was conducted as documented above and that the information recorded is accurate to the best of my knowledge.

Printed Name		Staff Signature		Date	

Form Date: 03/11/26