



## Worksite Supervisor Questionnaire

**Business:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**WDD Staff:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

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**Name of Trainee:** \_\_\_\_\_

Describe the work that Trainee is doing:

How is the Trainee doing overall in fitting into the job?

How is the Trainee progressing in the training plan?

How is time and attendance tracked for the Trainees?

Have you had any problems with the Trainees that we possibly may assist with supportive type services?

How is the Trainee being trained and how is progress tracked?

Do you have any recommendations for improvements to this program?

Comments: