

## Work Experience Bi-Weekly Monitoring Report Sheet

Client Name: \_\_\_\_\_ Dates Worked: \_\_\_\_\_  
(Two Week Period)

Work Experience Provider

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ Client Supervisor: \_\_\_\_\_

City: \_\_\_\_\_

1. Number of hour's client is scheduled to work each week per work experience agreement: \_\_\_\_\_
2. Client worked \_\_\_\_\_ hours during the week of \_\_\_\_\_
3. If the client did not arrive and leave as scheduled, describe the action taken:: \_\_\_\_\_

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4. Provide a brief description of tasks performed by the client during the week Identified in item 2:

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5. Is the client fully functioning in their position? ( Yes / No ) If not, what steps are being taken to improve the client's performance:

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6. Based on the clients performance, are more complex task being assigned to the client? (Yes/No) If yes please provide a brief description on the new task that clients have been assigned:

Signatures:

\_\_\_\_\_  
Work Experience Supervisor/Designee Date

\_\_\_\_\_  
TANF Works Vendor Date

Additional comments may be attached via a second sheet as needed