SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

WORKFORCE SERVICES

sdjobs.org

OST MONITOR

Participant Name _____ **SDWORKS Participant ID:** _____

Contact made: ☐ In-person ☐ By Phone ☐ By Email

DLR Staff Contact: _____ **Monitor Date:**

Training Provider:

Program: **Est. Date of Completion**

PARTICIPANT COMMENTS

TRAINING PROVIDER COMMENTS

PARTICIPANT NEEDS

- ☐ Support Services. Explain: *(i.e. accommodation, daycare…):*
- ☐ Work Experience
- ☐ Job Readiness (resume, interview)
- ☐ Job Search
- ☐ On-the-job Training (OJT)
- ☐ Referral to partner or community agency/program

Reminder: Grades and attendance records must be collected each semester.