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| **MONITORING PLAN** |

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| **NAME OF MTIs / ASSESSMENT CENTERS:** | **DATE OF MONITORING:** |
| **MONITORING TEAM:**  Name/s  **LEAD EVALUATOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MEMBER/S** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SCOPE OF MONITORING:** | |
| **OBJECTIVE/S OF MONITORING:** | |
| **LOCATION OF MONITORING (***including Practical Site, if necessary***):** | |
| **MODE OF MONITORING:**  **Actual**   **Remote** | |

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| **KEY AREAS OF EVALUATION** | **DATE / TIME** | **ASSIGNED EVALUATOR** | **METHOD OF MONITORING / RESOURCE NEEDS** |
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***Note:***  *The above schedule shall serve as guidance only. It may vary depending on actual progress and at the discretion of the Evaluators.*

Prepared by: Reviewed & Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lead Evaluator Executive Director**

Date: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledged by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MTIs / ACs Head**  Date

**or Authorized Representative**