

EXHIBIT C – ATTENDANCE AND PROGRESS REPORT



MONTHLY STUDENT ATTENDANCE AND PROGRESS REPORT

(to be completed by Training Provider instructor)

Instructor Name: _____ **Phone Number:** _____

Name of Training Provider: _____ **Training Program:** _____

Student Name: _____ **Last 4 digits of SS#:** _____

Start Date: _____ **End Date:** _____

For Month of: _____

Please enter the **hours** in the calendar below for each day the student completed the required number of hours to satisfy the minimum course/program attendance.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Please check all boxes that apply!

Exam/Quiz Scores:

- _____ Excellent
- _____ Above average
- _____ Satisfactory
- _____ Not passing
- _____ Scores not available

Classroom Activity:

- _____ Excellent
- _____ Above average
- _____ Satisfactory
- _____ Not passing
- _____ Scores not available

Communication:

- _____ Excellent
- _____ Satisfactory
- _____ Limited Verbal
- _____ Limited Written
- _____ Recommend ESL

Attendance:

- _____ Excellent
- _____ Misses occasionally
- _____ Inconsistent

Homework Status/Quality:

- _____ Excellent – always completes homework
- _____ Satisfactory – misses some homework
- _____ Needs Improvement
- _____ Doesn't complete homework

Completion of Training: (Attach documentation)

- _____ Passed exam and attained occupational skill (Attach proof of exam passed)
- _____ Achieved satisfactory progress (Attach list of skill development achieved, or transcript)
- _____ Obtained certificate, credential, etc. (Attach proof of certificate, credential, etc. obtained)

Comments:

Instructor Signature: _____ Date: _____

Please fax or email this completed form and training milestone documentation (if applicable) to the following case manager:

Case Manager Name: _____ Fax#: _____

Email Address: _____