

## MONTHLY PROGRESS AND ATTENDANCE REPORT

SECTION I		SECTION IV			
NAME OF EDUCATIONAL INSTITUTION CONTACT PERSON  NAME OF STUDENT			1,	IS THE STUDENT'S ATTITUDE (CHECK ONE)  COOPERATIVE INDIFFERENT NOT COOPERATIVE	
NAME OF SCHOOL				DISRUPTIVE	
REPORTING PERIOD FROM TO			2.	IS THE STUDENT (CHECK ONE)  MASTERING TRAINING COMPETENCIES  (IF APPLICABLE, CHECK ONE BELOW)	
NAME OF COURSE				ON SCHEDULE  AHEAD OF SCHEDULE	
SECTION II			1		
1. IN TRAINING	# OF WEEKS TO BE COMPLETED	GRADUATION DATE		NOT MASTERING TRAINING COMPETENCIES (IF APPLICABLE, CHECK ONE BELOW)	
2. INTERRUPTED		DATE		<ul><li>POOR ATTENDANCE</li><li>LACK OF EFFORT AND/OR INTEREST</li></ul>	
3.  TERMINATED F COMPLETION	RIOR TO	DATE		WORKING BELOW LEVEL FOR SATISFACTORY PROGRAM COMPLETION	
4. COMPLETED TRAINING		DATE	3.	WHAT DIFFICULTIES, IF ANY, IS THE STUDENT HAVING WITH	
5.   EMPLOYED		DATE		TRAINING (CHECK ONE)  NONE	
EMPLOYER				<ul><li>□ LEARNING SUBJECT MATTER</li><li>□ FOLLOWING INSTRUCTIONS</li></ul>	
ADDRESS				<ul><li>□ SPEED AND ACCURACY</li><li>□ PERSONAL PROBLEMS</li></ul>	
CITY, STATE			1	OTHER (PLEASE BE SPECIFIC)	
JOB TITLE SALARY,		WAGE	4.	DOES THE STUDENT NEED ASSISTANCE FROM THE REFERRING AGENCY (CHECK ONE)	
SECTION III					
COMMENTS/RECOMMENDATI	ONS				
NOTE: I HAVE READ AND UNDERSTOOD THIS MONTHLY PROGRESS REPORT. MY SIGNATURE DOES NOT MEAN TH					
CLIENT/PARTICIPANT'S SIGNATURE		DA	ATE		
REPORT OFFICIAL'S SIGNATURE			DA	ATE	