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Progress Report - Training

Participant Information					
Participant First Name		Last Name		DOB	
Training Vendor Name		Type of Training			
Training Start Date		Expected Completion Date		Report Date	
Total Training Hrs/Credits Required		Total Training Hrs/Credits Completed		% Completed	

Attendance	
Participant Attends Shift as Scheduled	☐Excellent (95–100%) ☐Good (90–94%) ☐Satisfactory (80–89%) ☐ Needs Improvement (70–79%) ☐ Unsatisfactory (69-0%)
Daily/Pattern Indicators	☐Consistently on time ☐Occasional tardiness ☐Frequent tardiness ☐ Early departures ☐Other: _____
Absence Types	☐No absences ☐Excused absences only ☐Some unexcused absences ☐Frequent unexcused absences ☐Extended absence (3+ consecutive days)
Barriers to Attendance	☐N/A ☐Transportation issues ☐Caregiving issues ☐Work schedule conflict ☐Personal/family issues ☐Housing instability ☐Other: _____

Employment Readiness	
On Site Engagement:	☐ Fully engaged ☐Generally engaged ☐ Occasionally disengaged ☐ Often disengaged
Soft Skills Progress:	☐ Good ☐ Fair ☐ Needs Improvement

Measurable Progress/Objective Skill Gains

Skill /Module/Course Component	Completed	Score/Result	Comments
	☐Yes ☐No		
	☐Yes ☐No		
	☐Yes ☐No		
	☐Yes ☐No		
	☐Yes ☐No		
	☐Yes ☐No		

Participant Progress Summary	
Satisfactory progress toward completion	☐Yes ☐No
Comments:	

Trainer Verification			
Printed Name			
Signature		Date	

Form Date: 09.29.26

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