



Training Progress Report

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: 08/31/26

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