

To (Counselor's name):

Re (Consumer's name):

Course title:

Anticipated completion date:

Consumer's Social Security number:

Attendance for the month of _____, _____

Notify counselor immediately of absences of three consecutive training days.

Hours attended this month:

Total hours scheduled this month:

On the calendar chart below, type X on the line beside each day to indicate absent or enter the number of classroom hours attended. A master record of attendance, as required by the appropriate state licensing agency, must support reported attendance. Falsification of training attendance records is a violation of the law and subject to prosecution.

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			

Subject(s) or task(s) taught this month:

Grade or Rating:

Evaluation

Rating Code: 1 - Excellent 2 - Good 3 - Average 4 - Fair 5 - Unsatisfactory

I. Personal & Work Habits:	<input type="checkbox"/>	Appearance	<input type="checkbox"/>	Attitude		
	<input type="checkbox"/>	Interest in Work	<input type="checkbox"/>	Work Habits		
II. Classroom & Lab Performance:	<input type="checkbox"/>	Preparation	<input type="checkbox"/>	Attentiveness	<input type="checkbox"/>	Progress
	<input type="checkbox"/>	Participation	<input type="checkbox"/>	Performance	<input type="checkbox"/>	Follows Instructions

Specific Employment Skills to Date

List skills needed for employment taught to date and specify competency level achieved:

Recommendations:

Date this report completed:	Name of training provider:		
Address of training provider:	City:	State:	ZIP code:
X			
Signature of training provider's representative		Telephone number	