FULTON COUNTY WORKFORCE PREPARATION AND EMPLOYMENT SYSTEM

JOB TRAINING
PROGRESS AND ATTENDANCE REPORT

These report forms are available from the Fulton County Office of Workforce Development

THESE FORMS ARE TO BE RETURNED TO THE REFERRING CAREER ADVISOR WITHIN 7 DAYS OF TRAINING START DATE AND MONTHLY THEREAFTER OR AT THE COMPLETION OF TRAINING

SECTION I – IDENTIFICATION

SOCIAL SECURITY NUMBER

NAME OF STUDENT

NAME OF SCHOOL

REPORTING PERIOD
FROM: TO:

NAME OF COURSE

SECTION II – STATUS OF STUDENT

1. ☐ IN TRAINING

2. ☐ INTERRUPTED

3. ☐ TERMINATED PRIOR TO COMPLETION

4. ☐ COMPLETED TRAINING

5. NUMBER OF CLOCK HOURS COMPLETED TO DATE:

GRADUATION DATE

DATE

DATE

DATE

SECTION III - ATTENDANCE

REPORT STUDENT'S MONTHLY ATTENDANCE BY MARKING THE APPROPRIATE SYMBOL OVER DATE:

P – Present   V – Vacation/Holiday   W – Weekend
A – Absent   T – Tardy

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				

% OF ATTENDANCE_____

TOTAL DAYS IN ATTENDANCE_____

EXPECTED DAYS OF ATTENDANCE _____

SECTION IV – STUDENT PROGRESS AND PERFORMANCE

1. STUDENT'S ATTITUDE (CHECK ONE)
   ☐ COOPERATIVE
   ☐ INDIFFERENT
   ☐ UNCOOPERATIVE
   ☐ DISRUPTIVE

2. IS THE STUDENT (CHECK ONE)
   ☐ MASTERING TRAINING COMPENTENCIES
   ☐ NOT MASTERING TRAINING COMPETENCIES

3. WHAT DIFFICULTIES, IF ANY, IS THE STUDENT HAVING WITH TRAINING (CHECK ALL THAT APPLY)
   ☐ NONE
   ☐ LEARNING SUBJECT MATTER
   ☐ FOLLOWING INSTRUCTION
   ☐ SPEED AND ACCURACY
   ☐ PERSONAL PROBLEMS
   ☐ POOR ATTENDANCE
   ☐ LACK OF EFFORT
   ☐ OTHER (PLEASE BE SPECIFIC) _____

4. DOES THE STUDENT NEED ASSISTANCE FROM THE REFERRING AGENCY (CHECK ONE)

   ☐ YES
      IF YES, PLEASE CONTACT: _____

   ☐ NO

COMMENTS/RECOMMENDATIONS REGARDING TRAINING

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NOTE ► **I HAVE READ AND UNDERSTOOD THIS MONTHLY PROGRESS REPORT. MY SIGNATURE DOES NOT MEAN THAT I AGREE WITH THIS REPORT.**

CLIENT/PARTICIPANT'S SIGNATURE   DATE

REPORTING OFFICIAL'S SIGNATURE   DATE