

**Job Training Progress and Attendance Report**

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| **S** | **M** | **T** | **W** | **TR** | **F** | **S** |
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| **Participant Name:** | **Expected Completion Date:** |
| **Training Location:** | **Status:**   * **In Training** * **Withdrawal Date: Tuition Refund? Y N** * **Completed Training Date:** |
| **SkillUP Project Support Specialist:**  **Email:** |
| **Reporting Period:**  **From : To:** |
| **Attendance:**  **P= Present A= Absent T=Tardy NS= Not Scheduled**  **% Attendance** | **Test Scores and Certifications** |
| **Participant Needs Additional Support From SkillUP?**   * **Yes** * **No** |
| **Comments:** |
| **Concerns (i.e. soft skills, performance, attitude, behavioral issues):** |

Training Staff Signature: Date:

Please complete this report during training and submit via email to SkillUP Project Support Specialist, at the following address: