|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Training Progress Report** | | | | | | | | | | | | | | | | | | | | |
| To: (Counselor’s name): | | | | | | | | | | | | Re: (Customer’s name): | | | | | | | | | | | | | | | |
| Course title: | | | | | | Anticipated completion date: | | | | | | | | | | | | | Customer’s Case ID 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:** | | | | | | | Appearance    Interest in Work     Attitude    Work Habits | | | | | | | | | | | | | | | | | | | | |
| **II. Classroom & Lab Performance:** | | | | | | | Preparation    Participation    Attentiveness     Performance    Progress    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: | | | | |
| Signature of training provider’s representative:  **X** | | | | | | | | | | | | | | Telephone number:  (   ) | | | | | | | | | | | | | |