

WIA Training Program Monthly Progress Report

Student and Instructor: Please complete and submit by the
fifth working day of each month to the address listed below:

OhioMeansJobs Marion County, 622 Leader Street, Marion, Ohio 43302
Phone: 740-382-0076 FAX: 740-387-2175

Student Name: _____ Employment Specialist: _____
Training Institution: _____ Training Program: _____
Course: _____

Student: Provide the Following Information: *(please complete this section before you give it to the Instructor.)*

	Yes	No	Reason
Warnings Received			
Disciplinary Actions Received			
Incident Reports Received			
Performance/Grade Concerns (C or below)			
Hours Missed			
Lost Hours Regained (If No Provide Reason)			
Are You Meeting Attendance Requirement			

Additional Comments or Recommendations: _____

Instructor Use Only: Please Verify Above Information and Rate the Following Factors:

Factor	Excellent	Good	Needs Improvement
Attendance			
Class Participation			
Completion of Assignments (Testing and Homework)			

Comments related to ratings above: _____

Pass: _____ Fail: _____ Course Final Grade _____

Additional Comments or Recommendations: _____

Instructor Signature: _____ **Student Signature:** _____

Date: _____