FULL EMPLOYMENT COUNCIL
JOB TRAINING PROGRESS
MONTHLY PROGRESS AND ATTENDANCE REPORT

FISCAL DEPARTMENT
1740 PASEO BLVD
KANSAS CITY, MO 64108

NOTE ▸ These report forms are available from the Fiscal Department. **THESE FORMS ARE TO BE RETURNED TO THE REFERRING OFFICES.**

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	NO. OF WEEKS TO BE COMPLETED	GRADUATION DATE
2. ☐ INTERRUPTED		DATE
3. ☐ TERMINATED PRIOR TO COMPLETION		DATE
4. ☐ COMPLETED TRAINING		DATE

5. NUMBER OF CLOCK HOURS COMPLETED TO DATE

SECTION III - ATTENDANCE

REPORT STUDENTS 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 0%

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 COMPETENCIES

☐ 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/PARTICPANTS'S SIGNATURE	DATE
REPORT OFFICIAL'S SIGNATURE	DATE

DISTRIBUTION (1) REFERRING OFFICE (1) CLIENT/PARTICIPANTS (1) FISCAL