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| --- | --- |
|  | **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:(   )       |