



WIOA Monthly Progress Report

Student Name _____ SSN Last 4 digits _____ Facility _____ Month _____ Year _____

E-Excellent

S-Satisfactory

N-Needs Counseling

Please circle ONE in each section

Instructor Signature Course and Grade Average	Attendance/ Punctuality	Personal Appearance	Understands Assignments	Turns in Assignments	Accepts Criticism	Willingness to Participate	Maintaining satisfactory academic standing	Scheduled to complete training within approved timeframe
Instructor: _____ Course: _____ Grade Average: _____	E S N	E S N	E S N	E S N	E S N	E S N	Yes / No	Yes / No
Comments: _____								
Instructor: _____ Course: _____ Grade Average: _____	E S N	E S N	E S N	E S N	E S N	E S N	Yes / No	Yes / No
Comments: _____								
Instructor: _____ Course: _____ Grade Average: _____	E S N	E S N	E S N	E S N	E S N	E S N	Yes / No	Yes / No
Comments: _____								
Instructor: _____ Course: _____ Grade Average: _____	E S N	E S N	E S N	E S N	E S N	E S N	Yes / No	Yes / No
Comments: _____								
Instructor: _____ Course: _____ Grade Average: _____	E S N	E S N	E S N	E S N	E S N	E S N	Yes / No	Yes / No
Comments: _____								

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