Customer progress report

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name (First and Last) | Training Provider Name | | Program Name |
| Training Provider Address City, State, Zip | | | |
| Contact Name (First and Last) and Title | Contact Phone Number Extension | \*Date Received: | |

\* Please return the completed form within five (5) business days form the date received.

Please indicate the student’s status for the following questions and provide additional comments as needed.

1. Is the student listed above currently enrolled in your program?

Yes  No

1. Has the student demonstrated progress in the course work?

No Progress  Progress  Significant Progress

|  |
| --- |
| Legend: **O**- Outstanding **S** – Satisfactory **N** – Needs Improvement |

      Attendance       Class Participation

      Completing Work       Grade(s)

Additional Comments:

Customer Signature Date Authorized Training Provider Signature Date

|  |  |
| --- | --- |
| **Please return to:** | AJCC Name AJCC Staff Name (First and Last) |
| Address City, State, Zip |
| Email/ Fax |