Attachment

Chapter 4, Part 2 - Youth Program Activities

Progress Report Form

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name |  | Youth Service Provider Name |  |
| WIOA Application # |  | Program Year |  |

|  |  |
| --- | --- |
| Training Provider Name |  |
| Training Provider Address |  |
| Training Provider Contact Name |  | Contact Title |  |
| Contact Phone Number |  | Contact Email |  |

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 participant listed above currently enrolled in your program/working at your site?

Yes [ ]  No [ ]

1. Has the participant demonstrated progress towards established milestones or progress on the Worksite Agreement & Training Plan?

No Progress [ ]  Progress [ ]  Significant Progress [ ]

3. Rate the student for each of the catergories listed below.

|  |
| --- |
| Legend: **O**- Outstanding **S** – Satisfactory **N** – Needs Improvement **N/A** -- Not Applicable |

      Attendance       Participation/Engagement       Skill Development

      Completing Work       Grade(s)/Outcomes       Other:

Additional Comments:

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  |  |
| Training Provider Signature | Date |

Please return original/scanned copy to:

|  |  |  |  |
| --- | --- | --- | --- |
| Youth Service Provider Name |  | YSP Contact Name |  |
| YSP Contact Address |  |
| YSP Phone |  | YSP Email |  |