Attachment

Chapter 4, Part 2 - Youth Program Activities

**PARTICIPANT EVALUATION & PROGRESS REPORT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Provider/ Employer Name |  | | | |
| 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 participant’s status for the following questions and provide additional comments as needed.

1. Is/was the participant listed above enrolled in your program/working at your site? Yes  No
2. Has the participant demonstrated progress towards established milestones or progress on the Worksite Agreement & Training Plan? No Progress  Progress  Significant Progress

3. Rate the participant for each of the catergories listed below (*Select from the drop down*).

--- Attendance/timeliness --- Participation/Engagement --- Skill Development

--- Work habits and task completion --- Grade(s)/Outcomes --- Communication

--- Appearance --- Other:

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

Additional Comments:

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  |  |
| Training Provider/Employer Signature | Date |

Please return original/scanned copy to:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Youth Service Provider (YSP) Name |  | YSP Contact Name | |  |
| YSP Phone |  | YSP Email |  | |