

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 categories 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:

Staff Name		Contact Name	
Phone		Email	