

**EMPLOYMENT AND TRAINING PROGRAMS  
ATTENDANCE AND EVALUATION REPORT**

NAME OF STUDENT/TRAINEE \_\_\_\_\_

TRAINING/EDUCATION ENTITY \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_

DATES OF \_\_\_\_\_ TO \_\_\_\_\_

Course Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Office Use Only																															

**STUDENT/TRAINEE EVALUATION REPORT BY INSTRUCTOR**

Each instructor's signature below attests to the attendance hours reported above and whether the student is making satisfactory progress.

Course _____	Satisfactory Progress	___ Yes	___ No	Instructor Signature _____
Course _____	Satisfactory Progress	___ Yes	___ No	Instructor Signature _____
Course _____	Satisfactory Progress	___ Yes	___ No	Instructor Signature _____
Course _____	Satisfactory Progress	___ Yes	___ No	Instructor Signature _____
Course _____	Satisfactory Progress	___ Yes	___ No	Instructor Signature _____

COMMENTS/RECOMMENDATIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the student/trainee, attest that I attended classes during the hours noted above. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.  
Relay: 1-800-735-2989 (TTY) / 711 (Voice).*

*This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at <http://www.workforcesystem.org/107/Public-Information>.*

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