

# WORKFORCE SERVICES

sdjobs.org

## WORK-BASED TRAINING PROGRESS REPORT

### PARTICIPANT INFORMATION

NAME: \_\_\_\_\_ SDWORKS ID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

### TRAINING PLAN INFORMATION

BUSINESS NAME (must match SDWORKS): \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

WORK EXPERIENCE       ON-THE-JOB TRAINING       PAID       BUSINESS PAID

### INFORMATION

TYPE:    INITIAL     INTERIM     FINAL    NO. OF HOURS: \_\_\_\_\_

ATTENDEES:    PARTICIPANT                       TRAINING SUPERVISOR                       BUSINESS REPRESENTATIVE

CONTACT METHOD:    IN-PERSON     VIRTUAL     PHONE     EMAIL     OTHER: \_\_\_\_\_

TRAINING STATUS:    CONTINUED     COMPLETED     HIRED     TERMINATED

### SKILLS AREA

\* Each Skill Area must have one indicator check-marked (each) for Progress and Performance.

SKILL AREA(S): _____	<b>PROGRESS:</b> <input type="radio"/> Not Started <input type="radio"/> In-Progress <input type="radio"/> Completed	<b>PERFORMANCE:</b> <input type="radio"/> Doing Well <input type="radio"/> Shows Improvement <input type="radio"/> Needs Improvement <input type="radio"/> N/A (if training has not started)
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SKILL AREA(S): _____	<b>PROGRESS:</b> <input type="radio"/> Not Started <input type="radio"/> In-Progress <input type="radio"/> Completed	<b>PERFORMANCE:</b> <input type="radio"/> Doing Well <input type="radio"/> Shows Improvement <input type="radio"/> Needs Improvement <input type="radio"/> N/A (if training has not started)
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SKILL AREA(S): \_\_\_\_\_

**PROGRESS:**

- Not Started
- In-Progress
- Completed

**PERFORMANCE:**

- Doing Well
- Shows Improvement
- Needs Improvement
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SKILL AREA(S): \_\_\_\_\_

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- In-Progress
- Completed

**PERFORMANCE:**

- Doing Well
- Shows Improvement
- Needs Improvement
- N/A (if training has not started)

**ADDITIONAL COMMENTS**

**PARTICIPANT COMMENTS:**

**BUSINESS COMMENTS:**

**ACKNOWLEDGEMENT**

By signing below, all parties acknowledge the discussion regarding performance and the comments within this Progress Report. Signatures do not indicate agreement.

**BUSINESS REPRESENTATIVE(S)**

One of the names listed below must match the signatory on the [WEX Timecard \(WIOA Form 18\)](#) or [OJT Timecard \(WIOA Form 20\)](#)

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PARTICIPANT**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DLR REPRESENTATIVE**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_