PART A: PARTICIPANT INFORMATION – DLR Staff complete this section

NAME: _____________________________________________ SDWORKS ID: ____________

PROVIDER: __________________________ PROGRAM: ____________________________

EST. DATE OF PROGRAM COMPLETION (if applicable): ____________ Monitor Due By:_______

OST/UpSkill RAP AEL TAA IWT

PART B: TRAINING PROVIDER – Provider complete this section

This progress report refers to performance during _________________ of _______ for the individual named above.

Month Year

1. Satisfactory progress has been made: ☐ Yes ☐ No

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<th>Class/Course name, Test/Project, or Program</th>
<th>Grade or Hours Completed</th>
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2. Have there been any unexcused absences? ☐ Yes ☐ No ☐ Not Applicable

If yes, list dates:

3. Do any additional resources or assistance need to be offered for success?

   If yes, what are your recommendations?

4. If program is a Registered Apprenticeship, did the apprentice receive an increase in wages, complete a course, or earn a certification? ☐ YES ☐ NO ☐ Not Registered Apprenticeship

   If yes, send copies of verification with this form.

5. Do you have any other comments or concerns? ☐ Yes ☐ No

   If yes, please explain:

QUESTIONS ABOUT THIS MONITOR SHOULD BE DIRECTED TO:

EMAIL: __________________________ PHONE NO.: __________________________

COMPLETED BY: __________________________ ON DATE: __________________________