

WORKFORCE SERVICES

sdjobs.org

MONITOR PROGRESS REPORT

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

Class/Course name, Test/Project, or Program	Grade or Hours Completed

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: