

Participant Name: _____ Date: _____

School: _____

Date of Service: _____

Name of Instructor: _____ Name of Company: _____

Pre-Employment Transition Services Weekly Report

1. Did student attend this weeks' training module? Was student on time?
 Yes No Yes No

2. Did student actively participate?
 Yes No
If no, explain: _____

3. Did student interact appropriately with the instructor and other students?
 Yes No
If no, explain: _____

4. Did student seem to understand and benefit from the information shared?
 Yes No
If no, explain: _____

5. Was student appropriately dressed and groomed?
 Yes No
If no, explain: _____

Other comments or recommendations: _____