Maryland State Department of Education
Division of Rehabilitation Services
Training Progress Report

Report for Period: _____ **to** _____

Client Name: _____

DORS Counselor: _____

Organization Providing Training: _____

Specific Training Program: _____

Staff Responsible for Training & Reporting: _____

Staff Responsible for Training Phone #: _____ **Email:** _____

Training Start Date: _____ **Projected End Date:** _____

Location of Training: _____

Agreed-Upon Weekly Schedule: _____ **# of Hours:** _____

Attendance (DORS standard is not less than 95%):

	Current Period	Cumulative
Times Late		
Times Absent		

Performance This Month toward Objectives:

	Excellent	Satisfactory	Improvement Needed
1. **Punctuality**	☐	☐	☐
2. **Appropriate hygiene/grooming**	☐	☐	☐
3. **Appropriate interaction with supervisor**	☐	☐	☐
4. **Motivation**	☐	☐	☐
5. **Attention to task/concentration**	☐	☐	☐
6. **Ability to work with others on a team**	☐	☐	☐
7. **Endurance/stamina**	☐	☐	☐
8. **Competitive work rate**	☐	☐	☐
9. **Follows oral instructions**	☐	☐	☐
10. **Follows written instructions**	☐	☐	☐
11. **Ability to work independently**	☐	☐	☐
12. **Theory comprehension**	☐	☐	☐
13. **Practical skill**	☐	☐	☐
14. **Response to constructive feedback**	☐	☐	☐
15. **Job readiness**	☐	☐	☐

Include additional work habits and skills, as appropriate:

	Excellent	Satisfactory	Improvement Needed
16.	☐	☐	☐
17.	☐	☐	☐
18.	☐	☐	☐
19.	☐	☐	☐
20.	☐	☐	☐

Proposed plan to improve below-standard performance:

_____
_____
_____
_____

Accommodations needed and/or provided:

_____
_____
_____
_____

Recommendation for other services?

_____
_____
_____
_____

How much time will the trainee require to complete training? _____

Based on observation and the trainee's performance, does the trainee appear to be making sufficient progress to achieve competitive employment in this field?
☐ **Yes** ☐ **No   If no, explain:**

_____
_____
_____
_____

Has the trainee begun to earn a wage? ☐ **Yes** ☐ **No If yes, amount:** _____

Trainer Comments/Recommendations (*if final report, must include placement recommendations*):

_____
_____
_____
_____

Consumer Comments:

_____
_____
_____
_____
_____

Training Provider Signature/Date   **Consumer Signature/Date**