Pre-Employment Transition Services Weekly Report

1. Did student attend this week's 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:________________________________________

Participant Name: ___________________________ Date: ________________________
School: __________________________________________
Date of Service: ___________________________________
Name of Instructor: ___________________________ Name of Company: ________________