



COUNTY OF LOS ANGELES WORKFORCE DEVELOPMENT, AGING AND COMMUNITY SERVICES



Incumbent Worker Progress Report

SECTION 1: Basic Information

Complete the contact information for the employer and the participant. Include OJT details.

Participate Name:	Employer Name:	Training Program:
Program Start Date:	Estimated End Date:	Case Manager:

SECTION 2: Attendance

Fill in the attendance for the desired reporting period.

Total Program Hours:	Total Hours Completed:	Percentage to Date:
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<i>Month</i>						
M	T	W	T	F	S	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legend: P = Present, A = Absent, T = Tardy, H = Holiday

SECTION 3: Training Participation Survey

Complete the training participation survey.

	Excellent:	Good:	Fair:	Poor:
Quality of Work				
Attitude				
Comprehension				
Retention				
Participation				

Fill in each applicable box with an "X" and leave others blank.

Subjects:	Grade:	Hours:

Fill in each applicable box with the subject covered during this reporting period, with the applicable grades and course hours

SECTION 4: Comments

SECTION 5: Signatures

I hereby agree to all the terms and conditions associated with this progress report for the IWT.

Authorized Signatures

Employer / Trainer Signature

AJCC Representative Signature

Date

Date

Print Name

Print Name

Participant Signature

Date

Print Name