

## TRAINING PROGRESS REPORT

While in TAA approved training you must maintain satisfactory academic standing and complete your training by the end date specified in your training plan. **You are required to have this form completed every 60 days**, or more frequently if requested by your Dislocated Worker Counselor. Send the completed form to your Dislocated Worker Counselor who will review, sign and then send to TAA.

Failure to complete the form and submit it in a timely manner may result in termination of your TAA benefits, cancellation of your Trade Readjustment Allowance (TRA) and/or Health Coverage Tax Credit (HCTC) benefits.

Student Information		
Name (First MI Last)	Training Plan Start Date	Training Plan End Date
Training Facility	Training Program	Petition Number

Advisor			
Have your advisor complete the following:			
1. Is the student maintaining satisfactory academic standing? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
2. Is the student currently enrolled full-time? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
3. Has the student dropped any classes this term? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
4. Is it possible for the student to complete their training program by the end date listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:			
School Official Signature	Title	Phone or Email	Date

Instructors				
Have your instructor(s) complete the following:				
Class	Satisfactory Progress? (progress toward grade of C or higher)	Are requirements for participation or attendance being met?	Comments	Instructor Signature
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Dislocated Worker Counselor Signature	
Review the Training Progress Report, sign/date and forward to appropriate TAA Specialist.	
DW Signature	Date