



Participant Progress Report

This report shall be completed by the Supervisor and submitted with the employee's time sheet to the designated Career Counselor on a bi-weekly basis:

Reporting Period: _____

Worksite: _____

Participant's Printed Name: _____

TWIST ID: _____

Competency	Needs Improvement	Satisfactory	Commendable	Comments (Optional)
1. Punctuality and Attendance				
2. Ability to work with others (all levels of staff)				
3. Follows Instructions				
4. Progress toward training				
5. Quality of Work				
6. Overall job performance				

Additional Comments _____

I certify that the attached time and attendance report is true and correct to the best of my knowledge.

Employer Signature

Date

Employee/Participant Signature

Date

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