

WEEKLY PROGRESS REPORT

Trainee Name:		Contractor:	
Project Name and Number:			
Type of training/classification:		# of Training Hours:	Training Start Date:
Week Ending Date:			

For each training subject covered this week, rate the trainee on their safety, productivity, quality and understanding by using a 5-point scale (N = Needs Improvement, AS = Almost Satisfactory, S=Satisfactory, G=Good and E=Excellent). Include the total number of training hours in each subject for the week and accumulated to date.

TRAINING SUBJECT	SAFETY	PRODUCTIVITY	QUALITY	UNDERSTANDING	TOTAL HRS PER SUBJECT THIS WEEK	TOTAL HRS ACCUMULATED TO DATE
THIS WEEK'S TOTAL HOURS →						
GRAND TOTAL TO DATE → →						

How was the trainee's attendance this week?	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Poor <input type="checkbox"/>
How was the trainee's attitude this week?	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Poor <input type="checkbox"/>

Comments about this week's activities:

Trainee Status: (check one)	<input type="checkbox"/> On Board	<input type="checkbox"/> Disciplined	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Laid Off	<input type="checkbox"/> Completed Training
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Supervisor Signature:	Date:
Trainee Signature:	Date: