## SAN BERNARDINO COUNTY DEPARTMENT OF WORKFORCE DEVELOPMENT ATTENDANCE AND PROGRESS REPORT

Participant: SSN:						ES:			
Provider:						Training site:			
							Month/Year:		
Absence Codes: Q=Scheduled Day Off T=Tarc					dv	ly S=Sick/Doctor Appointment A=Unexcused Absence			
	<u> </u>			LUNCH		CHDED/INCT		SUPER/INSTR	
DATE		TIME IN	OI		N	TIME OUT	TOTAL HOURS	INITIALS	
							+		
INSTRUCTOR/SUPERVISOR EVALUATION						COMMENTS			
	Exceeds	Good	Fair	Poor					
Attendance									
Attitude									
Progress									
Appearance									
Strengths:		<u> </u>	·						
Weaknesses:									
certify the foreg	oing to be a	correct accou	nt of the trai	ning hours.	This	attendance report has	not been pre-completed o	r pre-signed.	
Participant S	ignature						Date		
Supervisor/Instructor Signature							- Date		
Supervisor/In	istructor 🔊	ugnature				Date			