

Name: _____

Claim #: _____

Insurer: _____

MONTHLY COURSE INSTRUCTOR'S REPORT

Course: _____

Instructor: _____

Has the student attended each day of classes? Yes

No

If absent, please note the dates: _____.

Assignments completed to course requirements to date: Yes

No

Student's Participation is: Poor
 Fair
 Good

Comments and/or Concerns: _____

Instructor's Signature

Date

Do you request a call from a counselor regarding the above? Yes No