Claim #: Insurer: WEEKLY INSTRUCTOR'S REPORT Course: Instructor: Assignments completed to course requirements to date: Yes [] No [] Student's Participation is: [] Poor [] Fair [] Good # of hours attended: Wonday			Name:		
WEEKLY INSTRUCTOR'S REPORT Course:			Claim #:		
Course: Instructor: Assignments completed to course requirements to date: Yes [] No [] Student's Participation is: [] Poor [] Fair [] Good # of hours attended: No []			Insurer:		
Assignments completed to course requirements to date: Yes [] No [] Student's Participation is: [] Poor [] Fair [] Good # of hours attended: No []		WEE	KLY INSTRUCTOR'S REP	ORT	
Assignments completed to course requirements to date: Yes [] No [] Student's Participation is: [] Poor [] Fair [] Good # of hours attended: No []	Course:				
Student's Participation is: [] Poor [] Fair [] Good # of hours attended: Ionday Tuesday Wednesday Thursday Friday Comments and/or Concerns:	Instructor:				
Student's Participation is: [] Poor [] Fair [] Good # of hours attended: Instructor's Signature Date Date Date					
Student's Participation is: [] Poor [] Fair [] Good # of hours attended: Instructor's Signature Date Date	Assignments	completed to co	urse requirements to date:	Yes []	
# of hours attended: # of hours attended: # of hours attended: # Comments and/or Concerns:				No []	
# of hours attended:					
# of hours attended: Monday Tuesday Wednesday Thursday Friday Comments and/or Concerns: Instructor's Signature Date	Student's Par	rticipation is:			
# of hours attended: Monday Tuesday Wednesday Thursday Friday Comments and/or Concerns: Instructor's Signature Date					
Comments and/or Concerns: Instructor's Signature Date Date			[] 0000		
Comments and/or Concerns:	# of hours att	ended:			
Instructor's Signature Date	londay	Tuesday	Wednesday	Thursday	Friday
Instructor's Signature Date					
Instructor's Signature Date					
Instructor's Signature Date					
	Comments ar	nd/or Concerns:_			
	Instructor's S	ianature		Date	
Do you request a call from a counselor regarding the above? [] Yes [] No	mandolor a O	ignature		Dale	
, , , <u>, , , , , , , , , , , , , , , , </u>	Do you reque	st a call from a c	ounselor regarding the above	ve?[]Yes[l No