

Name: _____

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:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Comments and/or Concerns: _____

Instructor's Signature

Date

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