

# TRAINING PROGRESS

## --- Monthly Report ---

Complete this form and send to:

Name: \_\_\_\_\_

Claim #: \_\_\_\_\_

Insurer: \_\_\_\_\_

DOI: \_\_\_\_\_

Bostwick d'Autremont  
11830 SW Kerr Pkwy, Ste #375  
Lake Oswego, OR 97035

Form must be completed and received by  
the 5<sup>th</sup> of the month

### SCHOOL TRAINING

Courses Now Taking	Credit Hours	Progress

### ON THE JOB TRAINING

Skills learned and progress this month: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Last Month

Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

I attended # \_\_\_\_\_

Days of Training

and missed # \_\_\_\_\_

Days of Training

REASON FOR ABSENCES: \_\_\_\_\_

I Will Still Be Able to Complete My Training on:

#### Training End Date

\_\_\_\_\_

Mark and description if you have had any change in the following:

- \_\_\_ Your training plan
- \_\_\_ Your physical condition
- \_\_\_ Your name, address, phone #
- \_\_\_ Your income status

Description or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ I need to set up an appointment with my counselor

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date