**TRAINEE DAILY PROGRESS REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | DAY OF TRAINING |  |  |  |
|   |   |  |  |  |
| TRAINEE NAME | DEPARTMENT |   |   |
|   |   |
| SUPERVISOR NAME | SUPERVISOR CONTACT INFO |   |
|   |   |   |   |   |
|   |   |   |   |  |
| Is trainee on track for successful completion of training period?  | **YES** | **NO** |  |
| COMMENTS |  |  |  |  |
|   |
| TASKS, SKILLS, AND PERFORMANCE - *Please rate the trainee on the following items. Include a column with a rating scale or score for each item.* |
| **0 - HAS NOT MET REQUIRMENT, 1 - MINIMALLY MEETS REQUIREMENT, 2 - SOMEWHAT MEETS REQUIREMENT, 3 - MEETS REQUIREMENT, 4 - EXCEEDS REQUIREMENT** |
| **DESCRIPTION** | **EVALUATION NOTES** | **SCORE** |
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|  |  |  | **TRAINEE SCORE** |  |
| AUTHORIZED SIGNATURE |  |  |  |
| **NAME/TITLE** |  | **SIGNATURE** |  | **DATE** |
|   |   |   |

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