TRAINEE DAILY PROGRESS REPORT TEMPLATE

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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
	TRAINEE SCORE	

AUTHORIZED SIGNATURE

NAME/TITLE	SIGNATURE	DATE

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