

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Name of Company: \_\_\_\_\_

### **Pre-Employment Transition Services Report**

1. Student attended all training modules.

Yes  No

If no, mark sessions attended. 1 2 3 4 5 6

2. Student actively participated.

Yes  No

If no, explain: \_\_\_\_\_

3. Student interacted appropriately with the instructor and other students.

Yes  No

If no, explain: \_\_\_\_\_

4. Student seemed to understand and benefit from the information shared.

Yes  No

If no, explain: \_\_\_\_\_

5. Student consistently appropriately dressed and groomed.

Yes  No

If no, explain: \_\_\_\_\_

6. Does the student require additional services or support?

Yes  No

If yes, please explain: \_\_\_\_\_

Other comments or recommendations: \_\_\_\_\_