

Claimant Name (Last, First, Middle)	Training Weeks		
		Beginning Date	Ending Date
Address (Number, Street, City or County, State, Zip Code)	1st Week		
	2nd Week		
Claimant Signature:			

For the training weeks shown above:

Course: _____

Has this student satisfactorily participated in training Benchmarks?

(Explanation: Satisfactorily participated means that the student attended all scheduled Classes and has completed required assignments.) Yes No

Has this student maintained satisfactory progress in training Benchmarks?

(Explanation: Satisfactory progress means that the student maintains sufficient grades on Assignments and tests in order to successfully complete the course.) Yes No

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	No. Days Training Scheduled
1 st Week								
2 nd Week								

Instructor Signature _____ Date: _____

For the training weeks shown above:

Course: _____

Has this student satisfactorily participated in training Benchmarks?

(Explanation: Satisfactorily participated means that the student attended all scheduled Classes and has completed required assignments.) Yes No

Has this student maintained satisfactory progress in training Benchmarks?

(Explanation: Satisfactory progress means that the student maintains sufficient grades on Assignments and tests in order to successfully complete the course.) Yes No

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	No. Days Training Scheduled
1 st Week								
2 nd Week								

Instructor Signature _____ Date: _____

For the training weeks shown above:

Course: _____

Has this student satisfactorily participated in training Benchmarks?

(Explanation: Satisfactorily participated means that the student attended all scheduled Classes and has completed required assignments.) Yes No

Has this student maintained satisfactory progress in training Benchmarks?

(Explanation: Satisfactory progress means that the student maintains sufficient grades on Assignments and tests in order to successfully complete the course.) Yes No

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	No. Days Training Scheduled
First Week								
Second Week								

Instructor Signature _____ Date: _____