**STATE EcSA MONTHLY PERFORMANCE REPORT & ACADEMIC INCENTIVE PAYMENT**

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CMS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Enrollment: STATE FUNDED EcSA \_\_\_\_

Participant Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_

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| 3210N | ExcellentGood Needs ImprovementUnacceptableNot Rated | Consistently meets or exceeds classroom/workplace standardsConsistently meets classroom/workplace standardsNeeds to work on meeting this standardAction recommended Unable to rate on this standard |
| **PARTICIPATION:**State-Funded EcSA Enrollment Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIOA Enrollment Date (if applicable):  | 30-day enrollment satisfactorily met?Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ |
| **MONTHLY PROGRESS MEETING**Met with trainer to discuss academic/training progress | Satisfactorily met?Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ |
| **MEETING SATISFACTORY PROGRESS**As detailed in customized training plan and training provider policy | Satisfactorily met?Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ |
| **ACADEMIC BREAK ACTIVITIES**Participated in special activities during academic breaks (if applicable)  | Satisfactorily met?Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ NA \_\_ |
| **ADDITIONAL MONTHLY ACTIVITIES**Participated in other activities outlined in training plan (if applicable) | Satisfactorily met?Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ NA \_\_ |
| **INCENTIVE EARNED****[ ]** Satisfactory monthly progress in training/education ($1,000)  | Comments: **TOTAL AMOUNT EARNED:****$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Participant Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer

Instructor Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager

Update: 7/1/2022