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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 3  2  1  0  N | Excellent  Good  Needs Improvement  Unacceptable  Not Rated | Consistently meets or exceeds classroom/workplace standards  Consistently meets classroom/workplace standards  Needs to work on meeting this standard  Action 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