

STATE EcSA MONTHLY PERFORMANCE REPORT & ACADEMIC INCENTIVE PAYMENT

Participant: _____ CMS # _____

Program of Enrollment: STATE FUNDED EcSA _____ Up to 200% _____ Above 200% _____

Participant Address _____ City _____ Zip Code _____

3	Excellent	Consistently meets or exceeds classroom/workplace standards
2	Good	Consistently meets classroom/workplace standards
1	Needs Improvement	Needs to work on meeting this standard
0	Unacceptable	Action recommended
N	Not Rated	Unable to rate on this standard
PARTICIPATION:		30-day enrollment satisfactorily met?
State-Funded EcSA Enrollment Date: _____		Yes _____ No _____
WIOA Enrollment Date (if applicable): _____		
MONTHLY PROGRESS MEETING		Satisfactorily met?
Met with trainer to discuss academic/training progress		Yes _____ No _____
MEETING SATISFACTORY PROGRESS		Satisfactorily met?
As detailed in customized training plan and training provider policy		Yes _____ No _____
ACADEMIC BREAK ACTIVITIES		Satisfactorily met?
Participated in special activities during academic breaks (if applicable)		Yes _____ No _____ NA __
ADDITIONAL MONTHLY ACTIVITIES		Satisfactorily met?
Participated in other activities outlined in training plan (if applicable)		Yes _____ No _____ NA __
INCENTIVE EARNED		Comments:
<input type="checkbox"/> Satisfactory monthly progress in training/education (\$500)		
		TOTAL AMOUNT EARNED: \$ _____

Participant _____ Date _____ Trainer _____

Instructor _____ Date _____ Manager _____

EcSA Enrollment Date:

Monthly Meeting Date	Program Activity (ie: ITA or other training)	Academic Break Activities (if applicable)	Additional Monthly Activities (if applicable)	Satisfactory Progress Met & Incentive Earned	Comments
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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