

STATE EcSA MONTHLY PERFORMANCE REPORT & ACADEMIC INCENTIVE PAYMENT

Participant: _____ CMS # _____

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

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: 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 <input type="checkbox"/> Satisfactory monthly progress in training/education (\$1000)	Comments: <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> TOTAL AMOUNT EARNED: \$ _____ </div>

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	
		<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	