

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

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: _____