

**YORK TECHNICAL COLLEGE
WIA INTENSIVE SERVICES MID-TERM PROGRESS REPORT**

SECTION I – Student – Instructions on back

| | |
|--|-------------------------------|
| Program: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker | |
| Student Name: _____ | Social Security Number: _____ |
| Mailing Address: _____ | Phone: _____ |
| City/State/ZIP Code: _____ | |
| Report Due Date: _____ | Case Manager: _____ |
| Program of Study: _____ | Training Site: _____ |
| Student's Signature: _____ | Date: _____ |

SECTION II – Instructor – Instructions on back

| 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent | | | | | | | |
|--|-----------------------|------------|----------------------------|------------------|---------------------------------|----------|------------------------|
| COURSE OF STUDY | CURRENT GRADE AVERAGE | ATTENDANCE | ABILITY TO COMPLETE COURSE | OVERALL PROGRESS | RECOMMEND FOR TUTORING SERVICES | COMMENTS | INSTRUCTOR'S SIGNATURE |
| | A B C D F | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | | |
| | A B C D F | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | | |
| | A B C D F | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | | |
| | A B C D F | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | | |
| | A B C D F | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | | |
| | A B C D F | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | Yes No | | |

SECTION I – STUDENT

1. **Fill out Section I completely and legibly in black or blue ink.**
2. Sign and date; the form is incomplete without your signature.
3. If your class schedule changes, contact your case manager.

SECTION II – INSTRUCTOR

1. Fill out completely.
2. Initial all corrections.
3. Complete at mid-term.

NOTE: THIS FORM MUST BE SIGNED AND DATED BY THE STUDENT AND THE INSTRUCTOR.