



# MONTHLY STUDENT TRAINING ACTIVITY REPORT

## Occupational Skills Training

Report for: \_\_\_\_\_  
(Month, Year)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Training site: \_\_\_\_\_

### Attendance:

Total Days Attended \_\_\_\_\_ Dates/days absent \_\_\_\_\_

Reason for absence(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training activities and skills studied this month: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your progress in your training: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Not Satisfactory

### If not satisfactory, why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check here if you want to meet with your PCC Supervisor

\_\_\_\_\_ Check here if you want to meet with your Vocational Rehabilitation Counselor.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Occupational Skills Training**  
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