



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
Email: ost@pcc.edu
Phone: 971-722-6127

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Mt Tabor Hall 128
Portland, OR 97216