

Doc 4.8. Training progress report

Training Course: _____

Location/Venue of Training: _____

Start of Training: _____ Estimated End of Training: _____ To No. of Days/Hours: _____

No. of days/hours consumed: _____ No. of day/hours remaining: _____

No.	Tasks/Blocks Required for the Course (based on Training Syllabus/Training Design)	Status (Please Check)		Trainer's Remarks
		Completed	In progress	
1				Technical :
2				
3				
4				
5				Administrative:
6				
7				
8				
9				Action Taken:
10				
11				
12				
13				Recommendations
14				
15				

Prepared/Submitted by: _____

Name of Trainer, Signature & Date

Name of Training Supervisor, Signature & Date

Approved: _____

Head of Training Agency, Signature & Date