



Disaster-Relief Monthly Progress Report

Participant Name:

Primary Disaster-Relief Duties Evaluated	Date Evaluated	Progress Notes (briefly describe the individual's performance)	Initials of Evaluator
1.			
2.			
3.			
4.			

1. Does the individual need additional training or supplies to be successful? If yes, please specify.	Yes No
2. Does the individual require any change in their work schedule? If yes, please specify.	Yes No
3. If there is an opening in the company, would you consider this person for employment? If no, please specify.	Yes No
4. How many hours has the individual worked as of the date of this progress report? (maximum of 2080 hours allowed)	

Participant Signature Date

WIOA Case Manager Signature Date

Disaster-Relief Worksite Supervisor Signature Date