



<input type="checkbox"/> Progress Report #1: Date: _____ / <input type="checkbox"/> Reviewed & Updated ISP
<input type="checkbox"/> Progress Report #2: Date: _____ / <input type="checkbox"/> Reviewed & Updated ISP

PROGRESS REPORT

Academic Progress & Career Planning

STUDENT NAME: _____ COHORT: _____

ID #: _____ CURRENT MODULE: _____ GPA: _____

UPDATED CONTACT INFO (If applicable):

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

ACADEMIC PROGRESS

ATTENDANCE (Time Missed): _____ GOAL DATE (Make-up): _____

MISSED PROJECTS/ASSIGNMENTS:

_____	GOAL DATE: _____
_____	GOAL DATE: _____
_____	GOAL DATE: _____
_____	GOAL DATE: _____

CHALLENGES:

PLAN OF ACTION:

The Aviation Maintenance Technology program at CCCC is funded in part by two federal awards, a \$2,471,478 grant awarded by the U.S. Department of Labor's Employment and Training Administration, Grant # TC-26463-14-60-A-25 and a \$897,935 grant awarded by National Science Foundation, Grant # 1501594, and by a \$1,950,000 Massachusetts State Appropriation, # 7504-0102. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor.

COMPLETION OF GENRAL EDUCATION REQUIREMENT:

1. Have you completed your three (3) General Education Courses?

If so, please list:

If not, please list which classes to register for:

_____ (Semester: _____)
_____ (Semester: _____)
_____ (Semester: _____)

FAA TESTING PROGRESS:

GENERAL WRITTEN: COMPLETION DATE: _____ # of Attempts: ____ Highest Score: ____%

If not complete: Test/Re-Take Goal Date: _____

AIRFRAME WRITTEN: COMPLETION DATE: _____ # of Attempts: ____ Highest Score: ____%

If not complete: Test/Re-Take Goal Date: _____

AIRFRAME O & P's: COMPLETION DATE: _____ # of Attempts: ____ Highest Score: ____%

If not complete: Test/Re-Take Goal Date: _____

POWERPLANT WRITTEN: COMPLETION DATE: _____ # of Attempts: ____ Highest Score: ____%

If not complete: Test/Re-Take Goal Date: _____

POWERPLANT O & P's: COMPLETION DATE: _____ # of Attempts: ____ Highest Score: ____%

If not complete: Test/Re-Take Goal Date: _____

CHALLENGES:

PLAN OF ACTION:

MARKETABILITY: *If I graduated TODAY, would recruiters want to hire me?*

On a scale of 1 to 10 (10 being the best): 1 2 3 4 5 6 7 8 9 10

STUDENT SIGNATURE: _____ **DATE:** _____

NOTES:

National Science Foundation and by a \$1,950,000 Massachusetts State Appropriation, # 7504-0102. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.

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