

Occupational Skills Training Monthly Progress ReportStudent Name: Matthew Rodriguez MASK ID#: N24165418Workforce Representative: Nicole Lewis Phone: 303-482-6591**Instructions:** Please complete this form and send it to your workforce representative **within 5 business days after the end of the month.**

Thank you for taking the time to complete this report. Your cooperation is vital to helping us provide training assistance. Please contact your Denver Workforce Services representative with any questions or concerns.

Instructor/Training Provider Representative: Ben MachockCourse #/Name: University of Denver Coding Boot CampReport for Month of: Aug/ **OR** Dates from: 8/14/23 to: 9/31/23
SeptProgress: ☒ A ☐ B ☐ C ☐ D ☐ F **OR** ☐ Pass ☐ FailIs this the student's final grade? ☐ Yes ☒ NoHas the student achieved a substantive, measurable skill gain, such as individual mastery or improvement of required job skills? ☒ Yes ☐ No

If Yes, please provide details on the skill(s)/milestone(s) achieved; include corresponding date(s):

I have learned how to build a full stack website at this point in the bootcamp.
With our latest team project started on 10/4/23 and completed 10/11/23

Instructor/Training Provider Representative:_____
Printed Name_____
Signature_____
Date**Participant/Student:**Matthew Rodriguez

Printed Name

Matthew Rodriguez
Signature10/11/23
Date