

Department of Post-Secondary Education, Training and Labour
Training and Skills Development (TSD)
Attendance and Progress Report

Important: It is a TSD requirement that the **Attendance and Progress Report** be submitted by the due dates indicated below. Failure to provide the report on time will result in the review of the student's Employment Action Plan and could result in a reduction or cancelation of the TSD contract and funding.

| Required report due dates | | | | |
|--|---------------------|---------------------|------------------|----------------|
| November 4th, 2022 | December 17th, 2022 | February 24th, 2022 | April 28th, 2022 | May 26th, 2022 |
| Additional reports - For Academic Upgrading interventions or as required by the Employment Counselor | | | | |
| | | | | |

Client information

| Last Name | First Name | Initials | Last three digits of Social Insurance Number |
|---------------|-----------------|----------|--|
| Rahman | Mahfuzur | | 852 |

Institution and Program/Course Information

| | |
|-------------------------------|--|
| Name of Institution | NBCC - Moncton |
| Name of Program/Course | Information Technology: Web and Mobile Application Development |

Student Attendance and Progress Information

| | | | | |
|---|--------------------|--------------------------|--------------|-------------------------------------|
| Number of days or classes missed (if not full days, then indicate the number of classes) | # of Days | 0 | # of Classes | 0 |
| Any difficulties/barriers in any subject that may affect the ability to pass and successfully complete the program/course on time? If yes, comment below. | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Please include a transcript or unofficial record of marks to date. If not available, please indicate the date it will become available. | Included | <input type="checkbox"/> | Not Included | <input checked="" type="checkbox"/> |
| | Date: (YYYY/MM/DD) | ask student | | |
| Are there any other issues/concerns that need to be addressed? If yes, comment below. | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

Comments:

AP Rpt: _____

Address any question/concerns to:

Name of Employment Counselor

E-mail address

Chelsey Melanson

Chelsey.Melanson@gnb.ca

Telephone Number

Fax Number

(506) 523-7601

Please return completed report to the student.

Stephen Carter

Coordinating Instructor: IT-WMAD

Printed name of School Official

Title

Telephone number

2023/05/03

Signature of School Official

Date

CONFIDENTIALITY CLAUSE

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