

AP Rpt:	

## 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.

Client information Last Name First Name Initials Last three digits of Social Insurance Num  Tozer Nathaniel 470  Institution and Program/Course Information Name of Institution NBCC Moncton  Information Technology year II  Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of classes) 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.  Please include a transcript or unofficial record of marks to date. If not available, please indicate the date it will become available.  Date: (YYYY/MM/DD)  ask student Are there any other issues/concerns that need to be addressed? If yes, comment  Yes No								
Additional reports - For Academic Upgrading interventions or as required by the Employment Counselor  De  Client information Last Name First Name Initials Last three digits of Social Insurance Num  Tozer Nathaniel 470  Institution and Program/Course Information Name of Institution NBCC Moncton  Name of Program/Course Information Technology year II  Student Attendance and Progress Information Number of days or classes missed (if not full days, then indicate the number of classes) 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.  Please include a transcript or unofficial record of marks to date. If not available, locate indicate the date it will become available.  Date: (YYYY/MM/DD) ask student ask student ask student ask student ask student are there any other issues/concerns that need to be addressed? If yes, comment	Required report due date	<b>)S</b>						
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Comments:	Comments:							

Name of Employment Counselor	E-mail address	
Paula Foley	paula.foley@gnb.ca	
Telephone Number	Fax Number	
(506) 627-4566		

Please return completed report to the student.

Stephen	Carter
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Coordinating Instructor

Printed name of School Official

Signature of School Official

Title

Telephone number

AP Rpt:

2023-03-30

Date

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