

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 | | | | |
|--|-----|-------|------|----|
| Oct | Dec | April | June | |
| 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 Number |
|-----------|------------|----------|--|
| 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) | # 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) | contact 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

Paula Foley

E-mail address

paula.foley@gnb.ca

Telephone Number

(506) 627-4566

Fax Number

Please return completed report to the student.

Stephen Carter

Printed name of School Official

Coordinating Instructor - IT: WMAD

Title

5068696279

Telephone number

2022-10-27

Date

Signature of School Official

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