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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MJSPLOGO | | ***Minnesota Job Skills***  ***Partnership*** | | | | | **Contributing Business**  **Status Report** | | |  | Report Period | |
| **Year:** |  |
|  | | (651)259-7514 | | | | |  |  | Nov. 1 to Feb. 28 |
|  | March 1 to June 30 |
|  | | | | |  | July 1 to Oct. 31 |
|  | | | | | | |  | | |  |  | |
|  | | | | | | | | | | | | |
| **Project #:** | | |  | | | | **Project Name:** |  | | | | |
| **Contributing Business Name:** | | | | | |  | | | | **Telephone:** |  | |
| **Business Project Director:** | | | | | |  | | | | **E-Mail:** |  | |
|  | | | | | |  | | | |  |  | |
| **1. Is your training project progressing as expected? Yes No** | | | | | | | | | | | | |
| **2. Please describe how you see the project progressing:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **3. Do you have any concerns regarding the training project? Yes No** | | | | | | | | | | | | |
| **4. If so, please describe your concerns:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **5. Do the training and curriculum meet your needs? Yes No** | | | | | | | | | | | | |
| **6. Explain how the training and curriculum meet or don’t meet your needs:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **7. Please add any additional comments you might have:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Business Signature** | | | | | | | | | | | | |
| **Signature:** | | | |  |  | | | | | | | |
| **Title:** |  | | | |  | | | |  | | | |
| **Date:** |  | | | |  | | | |  | | | |

*Revised 06/15*