

**Adult/Dislocated Worker  
Progress Report & Plan Addendum**

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Part \_\_\_\_\_  
ID : \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of WIOA Enrollment: \_\_\_\_\_

**Received:** GED      High School Diploma      Associates Degree

Certificate of successful completion of Occupational Skills Training

License: Type \_\_\_\_\_

Waiting to: take test or receive result      Date expected: \_\_\_\_\_

**Employment Specialist Review Notes/Plan Addendum:**

(Please explain in great detail what is happening with this person: good, bad, etc. Documentation MUST be provided. Feel free to attach more paper if needed. ) Describe revised or additional plan of services.

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Employment Specialist Signature

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Date

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AAO Signature

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Date