

BLUEPRINT FOR PROSPERITY – HIGH SCHOOL PUPIL - PROGRESS REPORT



→ BLUEPRINT FOR PROSPERITY

PLEASE RETURN YOUR COMPLETED REPORT TO WFFHSPupil@dwd.wisconsin.gov NO LATER THAN 15 DAYS FOLLOWING THE CLOSE OF THE REPORTING QUARTER.

PROJECT INFORMATION		
Grantee ID: <input type="text"/>	Project Name: <input type="text"/>	DATE: <input type="text"/>
Contact Name and Email: <input type="text"/>		PROJECT START DATE: <input type="text"/>
		PROJECT END DATE: <input type="text"/>

Please enter the total number of people trained under your program to date:

PROJECT TIMELINE REPORT (Add rows for each additional training course, put N/A in fields that don't apply to your grant project)				
Activity	Projected Start Date	Actual Start Date	Projected End Date	Actual End Date
Curriculum Development				
Pupil Recruitment				
Training Course [Title]				
Training Course [Title]				
Placement/Hiring				

INDIVIDUAL COURSE REPORT (Only report on courses active in the reporting quarter)				
Course Title (add additional rows as necessary)	Number of Trainees at Beginning of Course	Number of Trainees at Conclusion of the Course	Overall Comments About the Course	Industry Recognized Credential Related to Course

Would you like to be considered for a DWD or Governor site visit/publicity as a Wisconsin Fast Forward success story?

Yes No

EVALUATION REPORT

Please describe the pupil recruitment activities:

Please describe the milestones achieved this quarter:

Please describe the challenges encountered during this quarter:

If your project is not running according to schedule, please explain why:

Please share any suggestions for ways to improve the Wisconsin Fast Forward Program:

As the authorized representative for this project, I hereby attest and certify that the information provided in this report is true and correct to the best of my knowledge.

Date _____

Signature of Grantee's Authorized Representative

Printed Name of Grantee's Authorized Representative

Printed Title of Grantee's Authorized Representative