

**New York State Department of Labor**  
 Division of Employment & Workforce Solutions  
 Trade Adjustment Assistance  
**Training Benchmark Progress Report**

Participant Name:	Petition Number:	Date Form Issued to Participant: / /
Participant Address:		Return To:
Training Start Date: / /	Training End Date: / /	<b>Deadline</b> to Return: / /
60 Day Benchmark Period: / / - / /		
Training Facility:		
Training Course (Program):		

**TRAINING PARTICIPANT:**

In accordance with the TAA Extension Act of 2011/TAA Reauthorization Act of 2015 and your Individualized Employment Plan, you are required to maintain satisfactory academic standing and complete your training by the end date specified above in order to meet the requirements for receipt of Completion TRA.

- Please return this form to your Career Advisor **by the deadline date listed above**
- Please have a designated representative from the training facility (i.e. Trainer/Guidance Counselor/Academic Advisor/Instructor) sign and complete the following section.

**TRAINING FACILITY:**

- Please complete Q1 and Q2 relative to the Training Participant for the 60 Day Benchmark Period, and sign and date the form.

Q1: Student is maintaining satisfactory academic standing (e.g. not on probation; not determined to be "at risk" by the instructor or training institution)  Yes  No

Q2: Student is on schedule to complete training within the timeframe identified in the approved training plan (Training Start Date and End Date specified above)  Yes  No

If "No" was selected for any of the above please explain (add additional page if necessary):

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\_\_\_\_\_  
 Training Facility Representative Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature and Date / /

\_\_\_\_\_  
 Training Participant Signature and Date / /

\_\_\_\_\_  
 Career Advisor Signature and Date / /