

### INMATE PROGRESS REPORT

CORRECTIONAL FACILITY \_\_\_\_\_ NAME OF PROGRAM \_\_\_\_\_

NAME: \_\_\_\_\_ DIN \_\_\_\_\_ HOUSING UNIT \_\_\_\_\_ DATE: \_\_\_\_\_

**CHECK ONE:**

PAY INCREASE \_\_\_\_\_

READING LEVEL \_\_\_\_\_

PAY DECREASE \_\_\_\_\_

GED OR H.S. DIP. YES \_\_\_ NO \_\_\_

GENERAL EVALUATION \_\_\_\_\_

DATE ENTERED PROG. \_\_\_\_\_

FINAL EVALUATION \_\_\_\_\_

PAY ITEM NUMBER \_\_\_\_\_

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
ATTENDANCE / PUNCTUALITY					
INTEREST IN PROGRAM ASSIGNMENT					
EFFORT AND INITIATIVE					
ATTITUDE TOWARD PEERS					
ATTITUDE TOWARD AUTHORITY FIGURES					
FOLLOWS RULES AND SAFETY PRACTICES					
ABILITY TO FOLLOW DIRECTIONS					
QUALITY OF WORK					
DISPLAYS SELF CONTROL					
DEPENDABILITY					
APTITUDE / EMPLOYABILITY					

**EXPLAIN INMATE'S ACCOMPLISHMENTS WHILE IN YOUR PROGRAM OR WORK DETAIL:**

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**LIST JOB TITLES, OR SPECIAL SKILLS ACQUIRED:**

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**GENERAL COMMENTS:**

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INMATE'S SIGNATURE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE