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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*