IOWA | Iowa Workforce Development

Weekly Project Check-In Form

Participant Information

Student Name: _____
Project Name: _____
Employer Partner: _____
Department/Team: _____
Week Number: _____
Check-In Date: _____

Project Progress

1. What did you accomplish this week?

☐ Completed a project milestone
☐ Conducted research
☐ Met with employer mentor
☐ Gathered data or information
☐ Developed recommendations
☐ Created a prototype/product
☐ Worked with team members
☐ Prepared presentation materials
☐ Other: _____
_____

Brief summary: _____
_____
_____

2. What progress percentage best reflects your project status?

☐ 0–10%
☐ 11–25%
☐ 26–50%
☐ 51–75%
☐ 76–90%
☐ 91–100%

3. What is your biggest accomplishment this week?

_____
_____
_____

Challenges & Support

4. Did you encounter any challenges?

☐ No
☐ Yes

If yes, describe: _____
_____

_____

5. What support do you need?

☐ More information
☐ Access to resources
☐ Employer feedback
☐ Teacher guidance
☐ Additional training
☐ Team support
☐ Clarification of project goals
☐ Other: _____

Comments: _____
_____

Skill Development Reflection

6. Which skills did you use this week?

(Check all that apply)

☐ Communication
☐ Teamwork
☐ Problem-solving
☐ Critical thinking
☐ Research
☐ Creativity
☐ Project management
☐ Leadership
☐ Technology skills
☐ Data analysis
☐ Professionalism
☐ Adaptability

7. Which skill improved the most this week?_____
_____

8. Provide an example of how you used that skill.

_____
_____
_____

Employer Connection

9. Did you interact with your employer mentor this week?

☐ Yes
☐ No

If yes, what was discussed?

_____
_____
_____

10. What did you learn about the industry, career field, or workplace this week?

_____

_____

_____

Planning Ahead

11. What are your goals for next week?

1. _____
2. _____
3. _____

12. How confident are you that you will meet your next milestone?

☐ Very Confident

☐ Confident

☐ Somewhat Confident

☐ Need Additional Support

Comments: _____

_____

Overall Status

13. Project Health Rating

◍ On Track

◯ Minor Challenges

◍ Significant Challenges

◍ At Risk

Comments: _____

_____

Teacher/Coordinator Notes

Follow-Up Needed?

☐ No

☐ Yes

Action Items: _____

_____

Teacher/Coordinator Initials: _____