

SCHOOL ATTENDANCE AND PROGRESS FORM

Notice Date: _____
 Case Name: _____
 Case Number: _____
 Worker Name: _____
 Worker Number: _____
 Telephone Number: _____
 Worker Hours: _____
 Address: _____

(ADDRESSEE)

This report is due by ____ . If not received, your supportive services for transportation and / or child care may go down or stop.

Report Month: _____

Instructions:

- For each activity you are participating in, a separate Attendance and Progress Report needs to be completed unless your Employment Counselor tells you differently.
- You must complete Part A and Part B of this form.
- If you fail to attend your activity you must state why in the “comments” section and attach proof on the reason for not attending. You must also list holidays and/or breaks that you did not go to school.
- Only enter information for days you are scheduled to participate in an approved activity.
- You must have a Provider or Authorized Representative review and verify hours of participation. The Authorized Representative must sign, and include their phone number. If you don't know who is authorized to sign this form call your Employment Counselor.

Part A – Participant Completes This Section

Name of School: _____ Name of Program: _____

Have you added any classes? Yes No
 List classes: _____
 Please explain: _____

Have you dropped any classes? Yes No
 List classes: _____

Please explain and provide verification: _____

See reverse side for additional information

School Attendance and Progress Form

Part B—Participant Completes This Section

Month/Year: _____

Participant Name: _____ Phone #: _____
 Case Number: _____ Worker Name/#: _____
 Educational/Training Provider: _____ Program of Study: _____

Date	Day of Week	Total Classroom Hours	Homework/Study Hours		Comments (Reason for Absence)	County Use Only	
			Supervised	Unsupervised		Total Allowable Study Hours	County Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

County Use Only:
 Total Classroom Hrs: _____ Total Study Hrs: _____ Total Excused Hrs: _____ Total Holiday Hrs: _____ Total Monthly Activity Hrs: _____

I certify under the penalty of perjury the above information is a true and accurate record. I understand that incorrect information may result in an overpayment of ancillary and/or supportive services, and I am responsible for repayment.

Participant Signature _____

Date _____

Authorized School Staff Signature and Date _____

Authorized School Staff Phone Number _____

Is participant enrolled in allowable program of study listed above? Yes

No

If "No", explain: _____