

SCHOOL ATTENDANCE AND PROGRESS FORM

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

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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 complete Part C of form, 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: _____

See reverse side for additional information

School Attendance and Progress Form

Month/Year: _____

Part B—Participant Completes This Section

Participant Name: _____ Case No.: _____
 Worker Name/#: _____
 Educational/Training Provider: _____ Program of Study: _____

| Date | Day of Week | Total Activity Hours | Homework/Study Hours | | Total Homework/Study Hours | Comments (Reason for Absence) | County Use Only |
|------|-------------|----------------------|----------------------|--------------|----------------------------|-------------------------------|-----------------|
| | | | Supervised | Unsupervised | | | |
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County Use Only: Total Activity Hours: _____ Total Homework/Study Hours: _____ Total Hours Participated: _____

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

 Participant Signature Date

Part C—Provider Completes This Section

Provider/Authorized Representative Signature and Date

Provider/ Authorized Representative Phone Number

Is participant enrolled in allowable program of study listed above? Yes
 If "No", explain _____

No