

SCHOOL ATTENDANCE AND PROGRESS FORM

Sample

This is only a sample that was completed online to show how form should be completed; however, the participants will have to complete this form manually. They will not have access to an online form.

Notice Date: 03/27/2009
Case Name: Ima Sample
Case Number: 1B07525
Worker Name: R. Boykin
Worker Number:
Telephone Number:
Worker Hours: 8:30 am - 5:00 pm
Address: 24100 Amador Street, Hayward, CA 94544

ADDRESSEE

Ima Sample
1111 Orange Grove Street
Hayward, CA 94544

This report is due by May 5, 2009. If not received, your supportive services for transportation and / or child care may go down or stop.

Report Month: April 2009

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: ABC Name of Program: CNA

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: April 2009

**Part B—Participant Completes This Section**

Participant Name: Ima Sample

Case No.: 1B07525

Worker Name/#: R. Boykin

Educational/Training Provider: ABC School

Program of Study: CNA

Date	Day of Week	Total Activity Hours	Homework/Study Hours		Total Homework/ Study Hours	Comments (Reason for Absence)	County Use Only
			Supervised	Unsupervised			
1	Wed	3		3	3		
2	Thurs	3		3	3		
3	Fri	3	1.5	3	4.5		
4	-----						
5	-----						
6	Mon	0		3	3	Medical Appointment for Child	
7	Tues	3		3	3		
8	Wed	3		3	3		
9	Thurs	3		3	3		
10	Fri	3	1.5	3	4.5		
11	-----						
12	-----						
13	Mon	0				Spring Break	
14	Tues	0				Spring Break	
15	Wed	0				Spring Break	
16	Thurs	0				Spring Break	
17	Fri	0				Spring Break	
18	-----						
19	-----						
20	Mon	3		3	3		
21	Tues	0		3	3	Appointment w/ County Worker	
22	Wed	3		3	3		
23	Thurs	3		3	3		
24	Fri	3	1.5	3	4.5		
25	-----						
26	-----						
27	Mon	3		3	3		
28	Tues	3		3	3		
29	Wed	3		3	3		
30	Thurs	3		3	3		
31							

County Use Only: Total Activity Hours: 45 Total Homework/Study Hours: 55.5 Total Hours Participated: 100.5

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.

Ima Sample

4/30/09

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

No

If "No", explain \_\_\_\_\_