SCHOOL ATTENDANCE AND PROGRESS FORM

CO CO FOR	THE STATE OF THE S
(COPY	
44 1	Worker Harnetti.
4 1010	SAMPLE
	- HOLF CE

Notice Date: April 12, 2011 Anthony, Susan Case Name: Case Number: 1234567 Worker Name: A. Burns Worker Number: D126 (510) 259-3849 Telephone Number: Worker Hours: 8:30 am- 5:00 pm Address: 24100 Amador St. Hayward, CA 94544

ADDRESSEE

Susan Anthony 9586 Berry Ave Hayward, CA 94541

This report is due by <u>June 5</u>, <u>2011</u>. If not received, your supportive services for transportation and / or child care may go down or stop.

Report Month: May 2011

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			22
Name of School: Alameda County College Name of Program: General Studie	es e		
Have you added any classes?	ε 8.	VVad Thurs Fri	25 26 26 27 27 27
Have you dropped any classes?			
Please explain and provide verification:			

See reverse side for additional information

			MHOR	Part B—Part	cicipant Completes This Section		У.	
Month/Year:					May 2011			
Participant Name: Susan Anthony					Phone #:	(510) 234-	5678	
Case Number: 1234567			on) A / a	Worker Name/#:	. A∉Burns			
Educ	ational/Training I	Provider: _	Alamed	da County Colleg	ge Program of Study:	General Studies		
NBC-902	(\$10) 29 ma 08:8	Total Activity k Hours	Homework/Study Hours			County Use Only		
Date	Day of Week		Supervised	Unsupervised	Comments (Reason for Absence)	Allowable Study Hours	County Commen	
1	Mon	2	-	2			Supplied Date of the	
2	Mon	3	-	3			INC. A TON COURT	
3	Tues	5		5	· ·		and the sectors	
4	Wed	3	UVICES TO	3	THOS DEVISOR TO A TOTAL P	MOLIL VIN BI	IN SECULIAR SINCE	
5	Thurs	5		5	COL	IG TIME LETT		
6	Fri		1					
7						Aav 2011	Luthold beside	
8							de alla alexai	
9	Mon	3	- 17 bear	3	alexander and a second	restrictions	THE WAY A	
10	Tues	5		5	The state of the s	DOX (DIMINOR	1080 0 1	
11	Wed	0		0	Appt at Social Services		and the same of th	
12	Thurs	5		5	and A and Part 8 of this form.	Legelgmod	teum poY a .	
13	- Fri	1		No.			100	
14	NO DE PERSONE	Sharaway	ALCOHOLD IN	PRIOR COLLE	A section of the property of t	V BUBILL U	JEI BOY II	
15	000108300			Location of T	CANADA COMPANIENCE CON SECURIT	No Jen 1913	STEERING .	
16	Mon	. 3	in an att	3	of far days you are someduled to	otermeter	oma viaO . v. 1	
17	Tues	5		5			22	
18	Wed	3	BIRTY WITE	3	AND AND A STATE OF THE PARTY OF	014 8 6720	TELOT *	
19	Thurs	0	D. STEALING BUS	0	Doctor's Appt.	Bathing 1	SATIOTINA	
20	Fri				A Windistrictura Conf. 100 10101.6	THE PROPERTY.	ADDITION OF THE PARTY OF THE PA	
21								
22			noites	stes This 8	Part A - Participant Comple			
23	Mon	3		3	• • • • • • • • • • • • • • • • • • • •			
24	Tues	5	el Studie	5	County Callege Name of Prop	ebamelA :	Name of School	
25	Wed	3		3				
26	Thurs	5		5	NG Set Ne	Lusio yns t	Have you adde	
27	Fri						zeessio Jai	
28							Неаза ехріаін.	
29								
30	Mon	0		0	Memorial Day (Holiday)	cio Villa co	Harb you arou	
31	Tues	5		5		1		
ounty U	Ise Only: otal Activity Hrs:		otal Study Hrs		Excused Hrs: Total Holiday Hrs	s:Tota	al Monthly Activity Hrs:	
					and accurate record. I understand that in onsible for repayment.	correct informati	tion may result in an	
ticipan	t Signature				Date			