

**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 Activity 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							
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25							
26							
27							
28							
29							
30							
31							

## County Use Only:

Total Activity 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 \_\_\_\_\_

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

Authorized School Staff Phone Number \_\_\_\_\_

☐ No

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