

SCHOOL ATTENDANCE AND PROGRESS FORM

COPY

#1 SAMPLE

Notice Date: April 12, 2011
Case Name: Anthony, Susan
Case Number: 1234567
Worker Name: A. Burns
Worker Number: D126
Telephone Number: (510) 259-3849
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 June 5, 2011. 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

Name of School: Alameda County College Name of Program: General Studies

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: May 2011

Participant Name: Susan Anthony Phone #: (510) 234-5678
 Case Number: 1234567 Worker Name/#: A. Burns
 Educational/Training Provider: Alameda County College Program of Study: General Studies

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	Mon	3		3			
3	Tues	5		5			
4	Wed	3		3			
5	Thurs	5		5			
6	Fri						
7							
8							
9	Mon	3		3			
10	Tues	5		5			
11	Wed	0		0	Appt at Social Services		
12	Thurs	5		5			
13	Fri						
14							
15							
16	Mon	3		3			
17	Tues	5		5			
18	Wed	3		3			
19	Thurs	0		0	Doctor's Appt.		
20	Fri						
21							
22							
23	Mon	3		3			
24	Tues	5		5			
25	Wed	3		3			
26	Thurs	5		5			
27	Fri						
28							
29							
30	Mon	0		0	Memorial Day (Holiday)		
31	Tues	5		5			

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 _____

Authorized School Staff Phone Number _____

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