

Participant Name: \_\_\_\_\_ Case Name/Number: \_\_\_\_\_

School Name: \_\_\_\_\_ Employment Case Manager (ECM): \_\_\_\_\_

Attendance Month/Year: \_\_\_\_\_ ECM Telephone: \_\_\_\_\_

**This form is to be used to report actual hours of attendance in school related activities. Return this form to your ECM by the 5<sup>th</sup> of each month after the Attendance Month.** (Example: Attendance Month is June. Form is due to your ECM by July 5<sup>th</sup>)

**Section A: Changes** (Please mark all that apply and explain):

- Stopped attending school: \_\_\_\_\_
- Dropped classes: \_\_\_\_\_
- Added classes: \_\_\_\_\_
- Missed classes: \_\_\_\_\_

**Section B: Attendance Hours - Enter the ACTUAL number of hours attended for each activity:**

WEEK 1	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
<b>Date:</b>								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 2	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
<b>Date:</b>								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 3	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
<b>Date:</b>								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 4	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
<b>Date:</b>								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								
WEEK 5	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
<b>Date:</b>								
Class/Lecture								
Supervised Lab								
Supervised Study								
Unsupervised Study								

**Section C: Certification** – I certify under penalty of perjury that the information provided on this form is true and correct.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School or County Use Section Only**

Participation Verified By (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_  
 (School Counselor or ECM)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

