

MONTHLY ATTENDANCE RECORD

Client Name:		Client Phone #:( )					Case Number:					ES Worker:																				
PROVIDER(s):		MONTH/YEAR:					RETURN BY 5 <sup>th</sup> WORKING DAY OF EACH MONTH (Use blue or black ink)																									
Activity/Subject	Instructor/Site Supervisor/Representative: List number of hours for each calendar day for each activity*																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
1.																																
2.																																
3.																																
4.																																
5.																																

\*Codes used for absence: S=Sick H=Holiday C=Child Care SB=School Break DO NOT LEAVE BLANKS ON DAYS YOU ARE SCHEDULED TO ATTEND ACTIVITIES

Participant Instructions

1. For Employment, attach proof of employment/self-employment verification. **No Supervisor Signature required.**
2. For Employment, please enter actual hours worked per day.
3. All other approved WTW Activities **must be** verified by Activity Supervisor's Certification and Signature.
4. If you are absent more than 3 days, provide verification to your ES worker.
5. Sign & date below.

Participant Certification

I understand that all Employment Services Activities reported may be verified by contacting the person(s) who have signed this document, and give consent for my Employment Services Worker to do so.

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

Are you still enrolled in school?  Yes  No Did you drop any classes?  Yes  No

Activity Supervisor/Instructor/Counselor/ES Worker Certification

By my signature on the numbered line below, I certify that the participant named above has attended the corresponding activity number as stated above and is making satisfactory progress in the activity.

1.	_____/_____/_____ Signature	_____ Comments	_____ Date
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER	
2.	_____/_____/_____ Signature	_____ Comments	_____ Date
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER	
3.	_____/_____/_____ Signature	_____ Comments	_____ Date
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER	
4.	_____/_____/_____ Signature	_____ Comments	_____ Date
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER	
5.	_____/_____/_____ Signature	_____ Comments	_____ Date
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER	

<b>County Use Only</b>	<p><b>Participation Hours</b> (Compare reported hours to current WTW2 Activity Assignment Plan)</p> <p><b>Homework Hours Verified By:</b> <input type="checkbox"/> Syllabus <input type="checkbox"/> Catalog <input type="checkbox"/> Copy of homework verification in case (Required) <input type="checkbox"/> Other_____</p> <p><b>Copy of Syllabus on File?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Copy of Educational Plan on File?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Copy of Homework Verification on File (Required)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Supervised Homework Time Total (Monthly): _____ <input type="checkbox"/> Unsupervised Homework 1:1 Ratio? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**Note:** Form must be Signed/Certified by Participant, Instructor, and/or College Staff for each activity and/or class in order to be valid.

MONTHLY ATTENDANCE RECORD

Client Name: **JANE DOE** Client Phone #: **(XXX) XXX-XXXX** Case Number: **B123456** ES Worker: **J. SMITH**

PROVIDER(s): **Ox College, CSUN, Trade School** MONTH/YEAR: **08/2017** RETURN BY 5<sup>th</sup> WORKING DAY OF EACH MONTH (Use blue or black ink)

Activity/Subject	Instructor/Site Supervisor/Representative: List number of hours for each calendar day for each activity*																															TOTAL	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1. <b>BIO 101</b>			1.5							1.25																							2.75
2. <b>HISTORY 200</b>								1.0		.75					S		H															1.75	
3. <b>SUP HOMEWORK</b>																																	
4. <b>UNSUP HOMEWORK</b>																																	
5.																																	

\*Codes used for absence: S=Sick H=Holiday C=Child Care SB=School Break DO NOT LEAVE BLANKS ON DAYS YOU ARE SCHEDULED TO ATTEND ACTIVITIES

Participant Instructions

- For Employment, attach proof of employment/self-employment verification. **No Supervisor Signature required.**
- For Employment, please enter actual hours worked per day.
- All other approved WTW Activities **must be** verified by Activity Supervisor's Certification and Signature.
- If you are absent more than 3 days, provide verification to your ES worker.
- Sign & date below.

Participant Certification

I understand that all Employment Services Activities reported may be verified by contacting the person(s) who have signed this document, and give consent for my Employment Services Worker to do so.

**SIGN HERE**

**DATE HERE**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Are you still enrolled in school?  Yes  No Did you drop any classes?  Yes  No

Activity Supervisor/Instructor/Counselor/ES Worker Certification

By my signature on the numbered line below, I certify that the participant named above has attended the corresponding activity number as stated above and is making satisfactory progress in the activity.

1. _____ / _____ / _____ Signature _____ Comments _____ Date _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER
2. _____ / _____ / _____ Signature _____ Comments _____ Date _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER
3. _____ / _____ / _____ Signature _____ Comments _____ Date _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER
4. _____ / _____ / _____ Signature _____ Comments _____ Date _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER
5. _____ / _____ / _____ Signature _____ Comments _____ Date _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Who is CERTIFYING: <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> ES WORKER

County Use Only

Participation Hours (Compare reported hours to current WTW2 Activity Assignment Plan)  
 Homework Hours Verified By:  Syllabus  Catalog  Copy of homework verification in case (Required)  Other \_\_\_\_\_  
 Copy of Syllabus on File?  Yes  No Copy of Educational Plan on File?  Yes  No Copy of Homework Verification on File (Required)?  Yes  No  
 Supervised Homework Time Total (Monthly): \_\_\_\_\_  Unsupervised Homework 1:1 Ratio?  Yes  No

**Note:** Form must be Signed/Certified by Participant, Instructor, and/or College Staff for each activity and/or class in order to be valid.