

Customer Name: _____
 School Name: _____

Case Number: _____
 CSSD Worker: _____

Return this form to your CSSD Worker by the 5th of each month after the Attendance Month.

Section A: Changes (Please mark and explain):

Attendance Month/Year: _____

Stopped attending school: _____

Other: _____

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

From:	To:	WEEK 1	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WTW – Use Only
Class Name:										
Class Name:										
Class Name:										
Class Name:										
Supervised Lab:										
Tutoring:										
Study Time:										
From:	To:	WEEK 2	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WTW – Use Only
Class Name:										
Class Name:										
Class Name:										
Class Name:										
Supervised Lab:										
Tutoring:										
Study Time:										
From:	To:	WEEK 3	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WTW – Use Only
Class Name:										
Class Name:										
Class Name:										
Class Name:										
Supervised Lab:										
Tutoring:										
Study Time:										
From:	To:	WEEK 4	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WTW – Use Only
Class Name:										
Class Name:										
Class Name:										
Class Name:										
Supervised Lab:										
Tutoring:										
Study Time:										
From:	To:	WEEK 5	Mon	Tue	Wed	Thu	Fri	Sat	Sun	WTW – Use Only
Class Name:										
Class Name:										
Class Name:										
Class Name:										
Supervised Lab:										
Tutoring:										
Study Time:										

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

Customer Signature: _____ **Date:** _____

Participation Verified by (Print Name/Title): _____

Signature: _____ **Telephone:** _____ **Date:** _____