americanjobcenter CONNECTICUT

Attendance Verification Form

Pursuant to Federal Deficit Reduction Act (DRA)

Student's Name: _____ **Program ID Number**: 00__ __ __ __ __ __ __

Education/Training Activity Name: _____

Education/Training Activity Start Date: ____/____/____ **End Date:** ____/____/____

Instructions for Education/Training Provider: Please verify this student's actual attendance for the above named activity by writing in the number of hours of attendance for scheduled hours listed below including supervised in-class study time.

Bi-Weekly Attendance Record	Mon Hours		Tues Hours		Weds Hours		Thurs Hours		Fri Hours		Sat Hours		Sun Hours	
	Scheduled	Attended	Scheduled	Attended	Scheduled	Attended	Scheduled	Attended	Scheduled	Attended	Scheduled	Attended	Scheduled	Attended
Week 1: From: ____/____ To: ____/____														
Week 2: From: ____/____ To: ____/____														

Please Indicate:
Is "homework" assigned in this course? ❒ Yes ❒ No

Please complete with the name, signature and date of person verifying attendance.

_____ _____ _____

Print Name **Signature** **Date**

Return completed form to the student or mail/Fax to:

_____

_____

_____

Comments: