



CLIENT ATTENDANCE REPORT
VOCATIONAL EDUCATIONAL TRAINING / JOB SKILLS TRAINING

State Form 47826 (R5 / 4-21) / IMP 0009

Attendance Report for Week: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Due date (month, day, year)
Institution / Facility	Name of certification or degree program
IMPACT Case Manager	FAX number

Name of client	Case number	RID
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Month / Year	VOCTRN / JST <input type="checkbox"/> <input type="checkbox"/>	Total Weekly Scheduled Course Credits	Total Weekly Scheduled Homework Hours Advised/Required	MAXIMUM TOTAL WEEKLY SCHEDULED WORK PARTICIPATION HOURS *
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* Not to exceed the pre-determined number of weekly course credits plus a maximum of one hour of unsupervised study time (homework) per credit **if advised or required in writing by the instructor.**

SCHEDULED ACTIVITIES											I acknowledge that the attendance recorded below is correct.		
COURSE	Credits + Homework	CLASS TIME	Date							Signature and Title of Instructor	Date Signed		
			Day	S	M	T	W	TH	F			S	
1.	+												
2.	+												
3.	+												
4.	+												
5.	+												
TOTAL CR + HW HOURS =			+	for the week of (month, day, year):								are:	

SCHEDULED ACTIVITIES											I acknowledge that the attendance recorded below is correct.		
COURSE	Credits + Homework	CLASS TIME	Date							Signature and Title of Instructor	Date Signed		
			Day	S	M	T	W	TH	F			S	
1.	+												
2.	+												
3.	+												
4.	+												
5.	+												
TOTAL CR + HW HOURS =			+	for the week of (month, day, year):								are:	

Signature of client	Date signed (month, day, year)	IMPACT Reviewer	Date reviewed (month, day, year)
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Case Manager / Reviewer Comments: