



**CLIENT ATTENDANCE REPORT**  
**VOCATIONAL EDUCATIONAL TRAINING / JOB SKILLS TRAINING**

State Form 47826 (R4 / 2-13) / 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	<b>MAXIMUM TOTAL WEEKLY SCHEDULED WORK PARTICIPATION HOURS *</b>
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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**, and reflected as "scheduled" hours on ICES screens WPAS and WPSD.

SCHEDULED ACTIVITIES											I acknowledge that the attendance recorded below is correct.	
COURSE	Credits + Homework	CLASS TIME	Check days present or enter "A" for absent.							Date Signed	Signature and Title of Instructor	
			Date Day	S	M	T	W	TH	F			S
1.	+											
2.	+											
3.	+											
4.	+											
5.	+											

**TOTAL CR + HW HOURS =**  +  reflected on WPSD for the week of (month, day, year):  are: .

SCHEDULED ACTIVITIES											I acknowledge that the attendance recorded below is correct.	
COURSE	Credits + Homework	CLASS TIME	Check days present or enter "A" for absent.							Date Signed	Signature and Title of Instructor	
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1.	+											
2.	+											
3.	+											
4.	+											
5.	+											

**TOTAL CR + HW HOURS =**  +  reflected on WPSD 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: