

Customer Name: \_\_\_\_\_  
 School Name: \_\_\_\_\_

Case Number: \_\_\_\_\_  
 CSSD Worker: \_\_\_\_\_

**Return this form to your CSSD Worker by the 5<sup>th</sup> 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:** \_\_\_\_\_