

**Georgia Department of Human Services  
Division of Family and Children Services  
RECORD OF SCHOOL ATTENDANCE AND PERFORMANCE REPORT**

Case Name:	Case Number:
Client Name:	Case Manager/Caseload:
Client ID Number:	Case Manager Telephone:
Client Phone Number:	

**Section A: To be completed by the case manager**

Report Month/Year				
Scheduled activity:	<input type="checkbox"/> High School	<input type="checkbox"/> GED	<input type="checkbox"/> Education related to employment	<input type="checkbox"/> College
	<input type="checkbox"/> Other			
Name/location of school				
Course of study				

**Section B: To be completed by the Instructor**

**ATTENDANCE: Enter Hours Present OR E - Excused U - Unexcused S - Weekend H - Holiday N - Not Scheduled**

	M	TU	W	TH	F	SA	SU	Supervised Study Time Total	Total
<b>1<sup>st</sup> Mon</b>									
<b>2<sup>nd</sup> Mon</b>									
<b>3<sup>rd</sup> Mon</b>									

	M	TU	W	TH	F	SA	SU	Supervised Study Time Total	Total
<b>4<sup>th</sup> Mon</b>									
<b>5<sup>th</sup> Mon</b>									

**Note: When a month has a 5<sup>th</sup> Monday, hours for the entire week must be reported for the calendar month in which the 5<sup>th</sup> Monday falls.**

Overall performance satisfactory or better?     Yes     No

Comments: \_\_\_\_\_

Class termination     Yes     No

Reason for class termination \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

**This report is due by the 5<sup>th</sup> calendar day in the month following the report month. If the report month has a 5<sup>th</sup> Monday, the report is due by the 10<sup>th</sup> calendar day in the month following the report month.**