

Case Management for EPE Programs

SYNCHRONOUS INSTRUCTIONAL MEETING ATTENDANCE

Program Manager: _____

Case Manager: _____

Case Manager Signature: _____

Month of Service: Dec ___ Jan ___ Feb ___ (select one)

Student Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total																

The data collected on this attendance document must be entered into ASISTS if the EPE funded program wants to be reimbursed for this time. Only Synchronous Instructional meeting contact hours are eligible for EPE reimbursement.