Case Management for WIOA/ALE Programs

SYNCHRONOUS INSTRUCTIONAL MEETING ATTENDANCE

Program Manager: _____

Case Manager: _____ **Case Manager Signature: _____**

Month of Service: July, 2020 ___ August, 2020 ___ (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

This document, when completed, should be sent to your program manager who then must upload it to the Accountability website at the conclusion of each month (due by the 15th of the following month) during the COVID-19 Temporary Guidance. Accountability site web address: https://adult-education-accountability.org/