

FAET WEP Attendance Report

Name: _____ SSN (Last 4 Digits): _____

Site: _____ Month/Year: _____

Attendance: Please enter the actual number of hours present or enter the following:

A if consumer was absent

H if this was a holiday

N if consumer was not scheduled

C if there was a business closure

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Ongoing Progress Monitoring

Did you engage with the individual and discuss their progress in this assigned activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did they discuss any new barriers? List Below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did they express any supportive services that are necessary? List Below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you discuss potential next activities? List Below	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments: _____

Site Supervisor: _____

Date: _____

Telephone Number: _____