

Monthly Attendance and Progress Report

Student Name: _____

Institution: _____

Program: _____

Month/Year: _____

To be completed by student		To be completed by Instructor (Please indicate any missing work or concerns you may have.)
Days attended		
Days missed		
Any concerns from you (as a student) or areas you need help with?		

As part of my responsibility to my Sponsoring School District, and to continue to be eligible as a sponsored student in my program, I have completed this Monthly Attendance/Progress report accurately and truthfully. I will complete this report at the end of each month and send it back to my Career Education teacher as soon as possible. I understand that I must maintain a good standing in my program to be eligible for continued sponsorship.

Student Signature

Instructor Signature

Parent Signature

Dual Credit Coordinator Signature