NYSED COVID-19 Temporary Guidance

Case Management for WIOA/ALE Programs

SYNCHRONOUS INSTRUCTIONAL MEETING ATTENDANCE

Program Manager: _____

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

Month of Service: April ___ May ___ June ___ (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.