

**Case Management for WIOA/ALE 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 uploaded to the Accountability site by the 15th of the following month.**