

Training Attendance Sheet

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| Customer: <input style="width: 90%;" type="text"/> | School or Training Name: <input style="width: 90%;" type="text"/> |
| TWIST ID: <input style="width: 90%;" type="text"/> | Training Program: <input style="width: 90%;" type="text"/> |

| | |
|--|--|
| Month/Year: <input style="width: 95%;" type="text"/> | Week: <input style="width: 15%;" type="text"/> of <input style="width: 15%;" type="text"/> |
|--|--|

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|---------------|--|
| Codes: | P – Present E – Excused N – No School H – Holiday A – Absent U - Unexcused |
|---------------|--|

| Course/Class | | | | | | | | | Hours /Credits |
|----------------------|------------|------|------------|------|------|------|------|------|----------------|
| | Date | Code | Date | Code | Date | Code | Date | Code | |
| Sunday | | | | | | | | | |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Saturday | | | | | | | | | |
| Hours/Credits | | | | | | | | | |
| Instructor Signature | TRISTAN C. | | TRISTAN C. | | | | | | |

Is the participant making acceptable progress as define by the education institution? ☐ Yes ☐ No

Will the course/training be completed on time? ☐ Yes ☐ No

I certify the information presented is true and correct and contacts made are verifiable.

| | |
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| Career Counselor | <input style="width: 95%;" type="text"/> |
| Phone Number | <input style="width: 95%;" type="text"/> |

Customer Signature: _____ Date: _____

Note: There are criminal, civil, or administrative penalties for providing false information for the purpose of obtaining TANF or SNAP benefits for which you are not entitled.

Workforce Solutions Alamo is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
Texas Relay Numbers: 1-800-735-2989 (TDD) or 1-800-735-2988 (Voice) or 711.