



EDUCATION LOG

Sunday _____ to Saturday _____
 Due Date _____ Time _____

Participant Name: _____ Client/Recipient ID: _____
 (Please Print)

Signature of Participant: _____ Required Hours: _____

By signing above, I agree that the information I am providing is true and accurate.

Name of Educational Provider: _____

MWA USE ONLY

Class Time: _____

Supervised: _____

Unsupervised: _____

Total Hours: _____

CHECK ONE: Vocational Educational Training GED/HS Education Directly Related to Employment Job Skills Directly Related to Employment

DATE	ACTUAL HOURS OF PARTICIPATION	NAME & CONTACT INFORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Classroom Hours: _____

SUPERVISED STUDY TIME (Optional)

DATE	ACTUAL HOURS OF PARTICIPATION	NAME & CONTACT INFORMATION OF THE INDIVIDUAL VERIFYING THE INFORMATION (Please Print).	SIGNATURE OF INDIVIDUAL VERIFYING THE INFORMATION

Total Supervised Study Time: _____