



# EDUCATION LOG

Job Skills Directly Related to Employment

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	MILEAGE (See Case Mgr)	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: \_\_\_\_\_