



# 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: \_\_\_\_\_

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

DATE	TIME IN	TIME OUT	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:** \_\_\_\_\_