



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	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: _____