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**ITA Training Attendance Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name** |  | **Last Four SSN** |  |
| **Referring WIOA Provider** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Career Coach Manager** |  | **Telephone** |  |
| **Training Provider** |  | | |
| **Instructor Name** |  | | |
| **Program/Class Name** |  | | |

**Student must initial within the box to indicate number of days attended. Both student and instructor must sign to verify attendance. *To be used for instructional class time only.***

|  |  |  |
| --- | --- | --- |
|  | **Through** |  |
| (Training Period Start) | (Training Period End) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WEEKS** | | **MONDAY** | **TUESDAY** | **Wednesday** | **THURSDAY** | **FRIDAY** | **SAT/SUN** | **Total Weekly Hours** |
| **Week 1** | |  |  |  |  |  |  |  |
| From: |  |
| To: |  |
| **Week 2** | |  |  |  |  |  |  |  |
| From: |  |
| To: |  |
| **Week 3** | |  |  |  |  |  |  |  |
| From: |  |
| To: |  |
| **Week 4** | |  |  |  |  |  |  |  |
| From: |  |
| To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Signature** |  | **Date** |  |
| **Instructor Name** |  | | |
| **Instructor or School Officials Signature** |  | **Date** |  |

*Notice: This document should be used to track attendance for all students who have accessed an ITA. However, for Training Providers with more than 10 current enrollments, this information may be summarized, and the School Official may attest to the participant’s attendance on their behalf.*