

Case Management for EPE Programs

**SYNCHRONOUS INSTRUCTIONAL MEETING ATTENDANCE**

Program Manager: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Month of Service: April \_\_\_ May \_\_\_ June \_\_\_ (select one)

Student Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	

The data collected on this attendance document must be entered into ASISTS if the EPE funded program wants to be reimbursed for this time. Only Synchronous Instructional meeting contact hours are eligible for EPE reimbursement.