NYSED COVID-19 Temporary Guidance

Case Management for WIOA/ALE 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

This document, when completed, should be uploaded to the Accountability website at the conclusion of each month during the COVID-19 Temporary Guidance. Accountability site web address: https://adult-education-accountability.org/