NYSED COVID-19 Temporary Guidance

Case Management for WIOA and ALE Programs

Program Manager: _____

Case Manager: _____

Month of Service: Sep ___ Oct ___ Nov ___ (select one)

Student Name	# of Times Contacted by Phone	# of Times Contacted by Text	# of Times Contacted by Email	# of Times Contacted by Private FaceBook Message	# of Times Contacted by some other electronic means

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/