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: Feb ___ Mar ___ Apr ___ May ___ Jun ___ (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