

South Carolina Department of Social Services  
Family Independence  
**SUPERVISED HOMEWORK HOURS**

Please complete report and return to case manager by: \_\_\_\_\_

**Part I**

**To be completed by the Case Manager**

Name of Student: \_\_\_\_\_ Case No.: \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Case Manager's Telephone No.: (\_\_\_\_) \_\_\_\_\_

Social Security No.: XXX-XX-\_\_\_\_\_

Name of Class: \_\_\_\_\_ Begin/End Date of Class: \_\_\_\_\_

Quarter/Semester: \_\_\_\_\_

Report Month/Year: \_\_\_\_\_

1<sup>st</sup> Week Beginning: \_\_\_\_\_ 2<sup>nd</sup> Week Ending: \_\_\_\_\_

**Part II**

**To be completed by instructor/school designee/study hall monitor.**

Scheduled Activity:  GED  Education Related to Employment  College  Other: \_\_\_\_\_

Class Name: \_\_\_\_\_

**Attendance: Enter Hours Present or H-Holiday N-Not Scheduled**

	M	TU	W	TH	FR	SA	S
1 <sup>st</sup> Week							
2 <sup>nd</sup> Week							

**Note: Attendance hours must be verified every two (2) weeks.**

**I certify that these hours are actual and true.**

\_\_\_\_\_  
Instructor/School Designee/Monitor's Signature

\_\_\_\_\_  
Date

*\* Note to Case Manager: Total homework time counted for participation cannot exceed hours certified by the institution when combined with unsupervised homework hours. See DSS 1301.*

## INSTRUCTIONS FOR DSS FORM 1302

This form has been designed by the South Carolina Department of Social Services to be used for supervising homework hours. The instructor/school designee/monitor should complete and sign the form. The completed form should be returned to DSS by due date.

**This form is required to be completed when student attends a supervised study activity, such as a monitored study hall or a facilitated study group.**

### **Part I – To be completed by the Case Manager before sending to school.**

**Student Name:** The complete name of the student.

**Case Number:** The student's case number.

**Name of School:** Name of school student is attending.

**Address of School:** Address of school student is attending.

**Case Manager:** Case Manager's name.

**Case Manager's Telephone Number:** Case manager's telephone number.

**Social Security Number:** Last four (4) digits of student's social security number.

**Name of Class:** The complete name of the class for which the student is enrolled.

**Quarter/Semester:** Indicate the quarter/semester for which the student is enrolled.

**Begin Date and End Date of Class:** Indicate begin/end date of student's class.

**Report Month/Year:** Indicate which month and year information is needed.

**1st Week Beginning and 2nd Week Ending:** Indicate appropriate beginning and ending dates for report.

### **Part II – To be completed by the school.**

**Scheduled Activity:** Please check appropriate block as it relates to student.

**Class Name:** Indicate name of class if applicable.

**Attendance:** Enter hours that the client attended in the appropriate block.

**Instructor's Name:** Self-Explanatory

**Instructor's Signature/Date:** Self-Explanatory