South Carolina Department of Social Services Family Independence **RECORD OF SCHOOL ATTENDANCE**

Please complete report and return to case manager by: _____

<u>Part I</u> To be com	pleted by case	manager.					
Name of School:				_ Address:			
Name of Student:				Case No.:			
Case Manager:				_ Case Manager's Telephone No.: ()			
Social Sec	urity No.: <u>XXX-X</u>	(X					
Report Mo	nth/Year:						
1 st Week Beginning: 2 nd We				ek Ending:			
Scheduled	Activity:			ne form is require			
				llege/University	Technical Coll	ege	
Other: _							
Class Nam	e:						
Attendanc	e: Enter Hours	Present or	H-Holiday	N-Not Schedule	d		
	М	ΤU	W	TH	FR	SA	S
1 st Week							
2 nd Week							
			verified eve	ry two (2) weeks.			
Instructor's Signature or School Designee Date			Stu	dent's Signature		Date	
	pleted by case Hours (Unsup		pervised, At	tach DSS 1302)			
	М	TU	W	TH	FR	SA	S
1 st Week							
2 nd Week							
Total							
Total home	work time canno	ot exceed the ho	ours required	or advised by the	educational prog	gram/institution.	Up to one hour

of unsupervised homework time can count for each hour of classroom time. Unsupervised plus supervised cannot exceed hours certified by school on DSS 1301.

Case Manager's Signature: _____ Date: _____

INSTRUCTIONS FOR DSS FORM 1300

This form has been designed by the South Carolina Department of Social Services to be used for recording school attendance. The instructor/school designee should complete and sign the form. The completed form should be returned to DSS by due date. **One form is required per class and hours must be verified every two (2) weeks.**

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

Name and Address of School: The complete name and address of the school student attends.
Student Name and Case Number: The complete name and case number of the student.
Case Manager's Name and Telephone Number
Social Security Number: The last four (4) digits of the student's Social Security number.
Report Month/Year: Indicate which month and year information is needed.
Week Beginning and Week Ending: Please indicate appropriate beginning and ending dates for report.

Part II – To be completed by school instructor/designee.

Scheduled Activity: Please check appropriate block as it relates to the student. Class Name: Indicate name of class, if applicable. Attendance: Enter hours that the client attended in the appropriate block. This means actual hours spent in the classroom.

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

Part III – To be completed by the case manager.

Homework Hours: Enter appropriate number of homework hours based on attendance annotated by school in middle section adhering to Family Independence policy.

Case Manager's Signature/Date: Self Explanatory