

## Spokane Community College WorkFirst Attendance and Academic Progress Report

Student Name: \_\_\_\_\_

Student SID: \_\_\_\_\_

Program: \_\_\_\_\_

Quarter \_\_\_\_\_ Year \_\_\_\_\_

**Faculty** - Please check off each day this student is in class. Please indicate if the student is achieving academic progress (2.0 or better) by circling yes or no and signing the form at the end of each week.

COURSE(S)	START TIME	FINISH TIME	DAYS OF WEEK	CREDITS	WEEK OF: _____						ACADEMIC PROGRESS		FACULTY SIGNATURE		
					M	T	W	TH	F	S					

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**Students:**

Are you working?     YES     NO

How many hours per week? \_\_\_\_\_

Is it a workstudy position?     YES     NO

Submit a copy to the WorkFirst Coordinator in the SCC WorkFirst Office, Lair (Bldg. 6) at the end of each week (Friday) and pick up a new sheet for the following week. **Questions?? Call Susan Morgado at 533-8210.**

(Revised 3/19/07)

**I acknowledge the information reported above is correct. Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

