



STUDENT INFORMATION

STUDENT'S NAME (Last, First, Middle)		STUDENT'S PHONE NUMBER	
STUDENT'S STREET ADDRESS	CITY	STATE	ZIP CODE

TO BE COMPLETED BY THE TRAINING FACILITY

YES NO

During the week of _____, did the student terminate participation in training?
 If "Yes," Date Terminated _____ Last Day Attended _____

ATTENDANCE RECORD

Did the student receive a subsistence, education and training or educational assistance allowance from a Pell Grant, Supplemental Education Opportunity Grant, Veterans Administration, Job Training Partnership Act or any other federally funded program for the week?

If "Yes," name of program _____ Date Received _____

_____ Number of days student attended training for the week of _____

TRAINING FACILITY CERTIFICATION

The above answers are in accordance with our records. The student is making satisfactory progress in all scheduled classes. The student is on schedule to finish training in accordance with the METP approved training program.

NAME OF TRAINING FACILITY	
<p>X _____</p> <p style="text-align: center;">TRAINING FACILITY REPRESENTATIVE'S SIGNATURE</p> <p style="text-align: right;">DATE</p>	
JOB CENTER	MAIL ORIGINAL OF THIS FORM TO:
DATE	
STAFF NAME	