



BI-WEEKLY TIMESHEET & PROGRESS REPORT

Service Provider: _____

Customer Name:								Period Beginning:							
Social Security No.								Period Ending:							
Total Hours Attended	M	T	W	T	F	S	S	M	T	W	T	F	S	S	Total Hours

Tab Scores											
	Original	Test#1	Test #2	Test #3	Test #4	Test#5	Test#6	Test#7	Test#8	Test#9	Test#10
Reading											
Math											

Has the student shown appropriate progress? Yes No

Explain: _____

Was the student suspended for any time during this period? Yes No **If Yes, for how many days?** _____

Explain: _____

THE INFORMATION CONTAINED IN THIS REQUEST IS CORRECT. I GIVE THIS INFORMATION TO SUPPORT MY REQUEST FOR BENEFITS. I UNDERSTAND THE PENALTIES ARE PROVIDED BY FEDERAL AND STATE LAWS FOR WILLFUL MISREPRESENTATION MADE TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED.

DATE: _____ SIGNATURE OF CUSTOMER _____	DATE: _____ SIGNATURE OF OF INSTRUCTOR OR SUPERVISOR _____	DATE: _____ SIGNATURE OF OF CASE MANAGER _____
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* Timesheets must include either updated TABE scores or Progress Comments in order to be accepted for payment.