



Date: _____
 Case name: _____
 Case number: _____
 County number: _____
 Supervisor/worker number: __ / __

Time and Progress Report

Facility name		Date
Participant's name		
Scheduled hours per week	Performance month	Activity

Part I: Attendance. ALL actual hours of participation must be recorded. Participant makes appropriate daily entries, which document actual hours in attendance. Do not include lunch hours and travel time. For persons in Job Search, travel between job interviews and job applications are part of the activity and can be counted. Participant initials daily entries in appropriate block(s).

OKDHS use only: This plan of study is approved for _____ homework or study hours. ¹

Codes: **A** = Absent; **H** = Holiday; **W** = Weekend/regular day off

Date	Time in	Time out	Time in	Time out	Time in	Time out	Total hours	Participant's initials
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

I certify the record of my hours is true and correct.

 Signature of participant Phone number Date

¹ Statement from instructor, professor, advisor, or class syllabus **MUST BE DOCUMENTED** in case notes to allow homework or study hours. Worker enters number of allowed homework or study hours for the plan of study.

Note: Submit pages 1 and 2 to the local human services center no later than the 20th of the current month. Participant allowances **will not be paid in excess of \$13.00 per day.**

Part II. Progress report. Completed by facility supervisor, instructor, or OKDHS worker.

Facility supervisor, instructor, or OKDHS worker checks the appropriate column to describe the participant's performance.

	Excellent	Satisfactory	Needs counseling
Attendance			
Punctuality			
Work attitude			
Quality of work			
Progress			
Willingness to learn			
Follows instructions			
Shows initiative			
Accepts correction			
Relationship with others			
Personal appearance			

Part III. Facility signature. The appropriate individual signs and dates the form to indicate approval of the total report.

Signature Title Phone number Date