



Teen & Truancy Court G.E.D Weekly Reporting

Complete one form for EACH week and turn them into Ja'Nece at Desert View
NO LATER THAN NOON ON MONDAY

STUDENT'S NAME: _____ DATE: _____

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

Requirements before enrollment:	_____ Attended Orientation	Date: _____
(New Students)	_____ Completed T.A.B.E Assessment	Date: _____
	_____ Attended Workshop	Date: _____

Attach Class Schedule as well as Test results

Information provided by: _____ Date: _____
Staff Signature

AFTER ENROLLMENT - INSTRUCTOR'S/STAFF USE ONLY

G.E.D. Instructors, Lab Assistants, or Staff - Please fill out the informatio below

	Date	CLASSROOM Hours Attended	SMART LAB Hours Attended	INSTRUCTOR'S/STAFF Initials
Attendance:				
Total Hours:				

INSTRUCTOR'S COMMENTS:

Parent Signature: _____