



Juvenile Accountability Court G.E.D Weekly Reporting

Complete one form for EACH week and turn them into your Officer at Desert View
NO LATER THAN NOON ON MONDAY (email or drop off at 3751 N Butler Ste 103)

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: _____

