

**Form A – Use this form for classes with specific start and end times. For self paced lab courses, clinicals, internships, practicums, work study, tutoring, and study sessions use Form B.**

**SPOKANE FALLS COMMUNITY COLLEGE WorkFirst Attendance and Academic Progress Report**

Student Name _____	Student SID _____
Program _____	Phone Number _____
Quarter <input type="checkbox"/> Fall 07 <input type="checkbox"/> Winter 08 <input type="checkbox"/> Spring 08 <input type="checkbox"/> Summer 08	

**Faculty** - Please **initial each day student attended class** and **sign at the end of each week** and indicate if the student is **achieving academic progress (2.0 or better)** by **checking yes or no** at the **end of each week**.

Class	Start Time	End Time	Week of _____							Academic Progress (please check)		Faculty Signature
			S	M	T	W	R	F	S	Yes	No	
1.												
2.												
3.												
4.												
5.												
6.												
7.												

**Students** – Please complete shaded areas prior to submitting to instructor for signature. Submit this completed form to the WorkFirst Coordinator in the SFCC WorkSource Office, Bldg. 17, Rm. 105 at the end of each week (Friday) and pick up a new sheet for the following week.

If you have questions please call Linda Kraus-Perez at 533-3521.

I acknowledge the information reported above is correct. Student Signature \_\_\_\_\_ Date \_\_\_\_\_