

**ADULT BASIC EDUCATION
MONTHLY MFIP SCHOOL ATTENDANCE RECORD**

Participant Name: _____

Date of Birth # : _____

Consent for Release of Information:
 I understand if I sign, I am giving permission to my MFIP worker and the Minneapolis Public Schools (MPS) to share information, including GED test scores, about me in order to provide services and monitor my progress and attendance in MPS programs. I understand that my records are protected by data privacy rules. I understand I may cancel this consent at any time. This consent automatically expires one year from the date I sign it. A copy is as valid as the original.

Participant Signature: _____

◆ Return this completed form to your Job Counselor by the 5th of the month ◆

To be completed by school official

School Name: _____

Month _____ **Year** _____

Week #	Monday	Tuesday	Wednesday	Thursday	Friday	Other
1.						
2.						
3.						
4.						
5.						

Put the daily total of minutes spent in school.
 If this is the first month of attendance, for the start date, mark an "S".
 For days when there was not school, mark an "N".
 For days absent, mark an "A".

Progress/Post-test Score _____

ABE Official Signature: _____

Date: _____

Phone: (____) _____