Mo. Yr. Reporting Period

Institution

Department of Corrections
MONTHLY EDUCATION REPORT
CAREER TECHNICAL or ON-THE-JOB TRAINING

SOP 108.11
Attachment 1
12/23/24

OJT- **Instructor-** **Contact Hours** _____

Page ____1___ of __1_____

Student Identification			Entry Date	Terminated		Session Attendance Record - By Week																																										MONTHLY CONTACT HOURS	CUMM. CONTACT HOURS	ACCRUED CONTACT HOURS
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31													
Student Name	ID Number	Date of birth		Date	Rea.																																														
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					Contact Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ROSTER
_____ No. On Roll All Month
_____ Entered
_____ Terminated

TERMINATION
_____ (L) Left Institution
_____ (C) Completed
_____ (D) Behavior-related
_____ (V) Voluntery/Refusal
_____ (O) Other
_____ TOTAL

ABSENCES
_____ (M) Medical
_____ (B) Behavior-Related
_____ (F) Facility Issue
_____ (S) Supervisor Issue
_____ (K) Other
_____ TOTAL

ATTENDANCE
_____ Attendance Blocks Containing 3 Hours Or More
_____ Attendance Blocks Containing 1 Or 2 Hours

_____ Containing Hours This Page
_____