



Adult Education Program Student Attendance Form

This document serves as verification that the following individual has completed at least 12 orientation/instruction hours with the ESC-20 Adult Education Program.

Student/Class Information:

Name: _____

Date of Birth: _____

Location: _____ Class Level (Circle one): GED ESL EL Civics

Number of instruction hours as of this date: _____

ESC-20 Staff Verification:

Staff Name: _____

Signature: _____ Date: _____