



Educational Activity Sheet

Student Name _____

Chisago County Human Services
313 N Main, Room #239
Center City, MN 55012

Local: (651) 213-5600
Toll Free: (888) 234-1246
Fax: (651) 213-5685

Educational Program _____ at _____ (institution)
 Semester: Fall Spring Summer Semester Start Date ___/___/___ Semester End Date ___/___/___
 Length of Program _____ Expected Program Completion Date ___/___/___

Weekly Schedule: Schedule Printout has been provided

Class Name	Day of the Week	Times

Week: ___/___/___ through ___/___/___

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Activity								
Class Time								
Study Time								
Total								

Week: ___/___/___ through ___/___/___

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Activity								
Class Time								
Study Time								
Total								

My counselor may contact my instructors/educational facility at any time to check my educational progress/activities.

Student Signature & Date

Instructor/ Other Authorized Person Signature & Date

Print Name

Job Counselor Review Date & Date of Entry to WF1
Type of Bi-Weekly Contact: Phone In-Person

Phone Fax

This information is available in other forms to people with disabilities by contacting us at (320) 629-6741 (voice); toll free at (800) 633-7284, or by fax at (320) 629-1276. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

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