Educational Activity Sheet

Student Name_____

Employment & Training Center
155 2nd Ave SW
Milaca, MN 56353

Local: (320) 983-2222
Toll Free: (866) 595-7389
Fax: (320) 983-6059

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 Phone Fax
Type of Bi-Weekly Contact: ☐Phone ☐In-Person

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.