**JOB READINESS ATTENDANCE REPORT**

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| **Identifying Information** |
| Person’s Name:      | Counselor:      |
| Provide a summary of each contact, including a description of soft skills training conducted, level of the person’s participation and any necessary follow-up required/ performed, etc. Each contact entry must be signed by the Trainer and the Provider Administrator/ Program Coordinator. Attach additional sheets as necessary. |
| **Date** | **Service Hours** | **TOPIC COVERED** |
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| **CERTIFICATION** |
| I, the Trainer/ Employment Specialist, certify that:* The above dates, times, and services are accurate;
* I personally provided all services or supervised the Job Skills Trainer who provided the services;
* I documented the services and information described above in the report.
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| Job Readiness Soft Skills Trainer/ Employment Specialist Signature:      | Date:       |
| Provider Administrator/ Designee’s Signature:       | Date:       |