**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. | | | | |
| Job Readiness Soft Skills Trainer/ Employment Specialist Signature: | | | | Date: |
| Provider Administrator/ Designee’s Signature: | | | | Date: |