

WEEKLY STATUS CHECK / FACE -TO-FACE TIME

Student _____ Grade _____

Case Manager / Instructor _____ School Year _____

Week	Date	hrs : mins	WSC / F2F Methods	Purpose	Initials	IAP	Comments
			<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other digital contact <input type="checkbox"/> Attended class	<input type="checkbox"/> Case Management <input type="checkbox"/> Career/college guidance <input type="checkbox"/> Instruction <input type="checkbox"/> Review assignments <input type="checkbox"/> Assessment			
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