COMPOSITE MONTHLY ATTENDANCE RECORD
September 2023

Instructor's name: _____ **Meets:** T/Th, 3:00 – 5:45 pm **Class location:** _____

Secretary of State Workplace Grant – Skills Enhancement Program – ESL/English for Specific Purposes – Beginning Class

_____ _____

Instructor Signature Date

SS #	Student Name (please alphabetize)	Dept. #	Date Dec 5	Comp code	Dec 7											Posttest Date	Post test Score
000-00-0000	Student name		A	DP3	P	DP2											