

South Carolina Department of Social Services
Family Independence
SUPERVISED HOMEWORK HOURS

Please complete report and return to case manager by: _____

Part I

To be completed by the Case Manager

Name of Student: _____ Case No.: _____

Name of School: _____ Address: _____

Case Manager: _____ Case Manager's Telephone No.: (____) _____

Social Security No.: XXX-XX-_____

Name of Class: _____ Begin/End Date of Class: _____

Quarter/Semester: _____

Report Month/Year: _____

1st Week Beginning: _____ 2nd Week Ending: _____

Part II

To be completed by instructor/school designee/study hall monitor.

Scheduled Activity: GED Education Related to Employment College Other: _____

Class Name: _____

Attendance: Enter Hours Present or H-Holiday N-Not Scheduled

	M	TU	W	TH	FR	SA	S
1 st Week							
2 nd Week							

Note: Attendance hours must be verified every two (2) weeks.

I certify that these hours are actual and true.

Instructor/School Designee/Monitor's Signature

Date

** Note to Case Manager: Total homework time counted for participation cannot exceed hours certified by the institution when combined with unsupervised homework hours. See DSS 1301.*

INSTRUCTIONS FOR DSS FORM 1302

This form has been designed by the South Carolina Department of Social Services to be used for supervising homework hours. The instructor/school designee/monitor should complete and sign the form. The completed form should be returned to DSS by due date.

This form is required to be completed when student attends a supervised study activity, such as a monitored study hall or a facilitated study group.

Part I – To be completed by the Case Manager before sending to school.

Student Name: The complete name of the student.

Case Number: The student's case number.

Name of School: Name of school student is attending.

Address of School: Address of school student is attending.

Case Manager: Case Manager's name.

Case Manager's Telephone Number: Case manager's telephone number.

Social Security Number: Last four (4) digits of student's social security number.

Name of Class: The complete name of the class for which the student is enrolled.

Quarter/Semester: Indicate the quarter/semester for which the student is enrolled.

Begin Date and End Date of Class: Indicate begin/end date of student's class.

Report Month/Year: Indicate which month and year information is needed.

1st Week Beginning and 2nd Week Ending: Indicate appropriate beginning and ending dates for report.

Part II – To be completed by the school.

Scheduled Activity: Please check appropriate block as it relates to student.

Class Name: Indicate name of class if applicable.

Attendance: Enter hours that the client attended in the appropriate block.

Instructor's Name: Self-Explanatory

Instructor's Signature/Date: Self-Explanatory