

WSD ACTIVITY LOG

CLASS _____ **LOCATION** _____ **DATE** _____

#	CLIENT NAME	CSBG ELIGIBLE?	BILLABLE?	TIME IN	TIME OUT	CLIENT CONTACT MINUTES	SUBJECTS COVERD	CLIENT SIGNATURE
1								S1
								S2
2								S1
								S2
3								S1
								S2
4								S1
								S2
5								S1
								S2
6								S1
								S2
7								S1
								S2
8								S1
								S2
9								S1
								S2
10								S1
								S2
11								S1
								S2
12								S1
								S2

Session _____ **Begin** _____ **End** _____ **Total Client Contact Minutes** _____
Minutes _____ **Total Instructor Billable Minutes** _____ **Facilitator Signature:** _____
 (NOTE: 1 Unit = 30 Minutes)

Submit to Central Office by the 5th with Daily Assignment and Attendance Form. BIF submitted with initial session. Quality Check Completed
 F131 Revised February, 2004 - Buff