

**ALAMEDA COUNTY SOCIAL SERVICES AGENCY
VERIFICATION OF EDUCATION OR TRAINING PROGRAM**

In order to determine if the education or training program qualifies as a self-initiated program, the following information is needed

To be completed by student

I authorize the school or training center to provide information about my enrollment and attendance.

Signature of Student _____

Social Security Number _____ Date _____

To be completed by School Attendance Officer or Counselor

A. Student's Name _____

B. Student is enrolled in _____ Hours Per Week

C. Type of School / Training, please specify

Undergraduate Degree _____

Certificate Program _____

Other _____

D. Program Started _____ Expected Date of Completion _____

E. Is the Student's attendance and progress satisfactory at this time? ___ Yes ___ No

F. After successful completion of the training what job(s) will the student be qualified to apply for:

G. Will the student receive grants that are intended to cover the cost of childcare? ___ Yes ___ No

H. Is this a private postsecondary school? ___ Yes ___ No If no, check the applicable below:

___ Approved or Exempted by the Council for Private Postsecondary and Vocational Education

___ Accredited by the Western Association of Schools and Colleges

___ Other _____

Affix School
Stamp

Name of School / Training Center: Ohlone College
Address of School / Training Center: 43600 Mission Blvd. Fremont, CA 94539

Signature of Person Completing this form _____

Print-Name of Person Completing this Form: Shawna Lujan

Title: CalWORKs Program Coordinator Phone Number: 979-7551

Date _____

NOTE: Monthly Verification of Attendance and Progress is required

Also attach course description and class schedule