**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

**Basic Education, Technical College, or Other Confirmation of Classes**

**WHY AM I RECEIVING THIS?** The State of Wisconsin, Department of Children and Families, or       needs you to verify the information requested on this form.

*Wisconsin Statutes s.49.001(9) and s. 49.143(5)(a) authorize the department and the local agency to request this information from any person that it determines appropriate and necessary for the administration of Wisconsin works.*

*This information will only be used for the administration of the program.*

**WHAT DO I NEED TO DO?** Complete and return this form within seven days of receipt.

**WHO DO I RETURN THE FORM TO?** Return the completed form by fax, email or mail.

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| EMAIL – Scan and email to: | | MAIL to – Name: | |
|  |  | |
| FAX – Fax to: | | Department / County: | |
| ATTENTION: | | Address: | |
|  | | City, State, Zip Code: | |

If you have questions, contact       at      .

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| **IDENTIFYING INFORMATION** | | | | | | | | | | | | | |
| Name – Student: | | | | | | | | | | | | | |
| Address – Student (Street, City, State, Zip Code): | | | | |  | | | | | | | | |
| Name – School: | | | | | | | | | | | | | |
| Address – School: | |  | | | | | | | | | | | |
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| **SCHOOL REQUESTED INFORMATION** | | | | | | | | | | | | | |
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| Verify the information indicated below or send a **PRINT OUT OF A CLASS SCHEDULE.** **Make sure to indicate type of class (see below). If classroom attendance records are available provide those as well.** | | | | | | | | | | | | | |
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| Time frame of information requested: | | | | | | | | | | | | | |
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| Term of classes:  Fall  Winter  Spring  Summer  Other – Specify: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Term start date of classes: | | | | | | | | | | | | | |
| Term end date of classes: | | | | | | | | | | | | | |
| Hours per week: | | | | | | | | | | | | | |
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| Name of class: | | | | | | | | | | | | | |
| Yes  No Did the student complete the class? | | | | | | | | | | | | | |
| Type of class:  Unpaid internships  Online – self-paced  Online – real time  Classroom  Student teaching | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Class Schedule | | | | | | | | | | | | | |
| Time | Sunday | | Monday | Tuesday | | Wednesday | | | Thursday | | Friday | Saturday | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
| End Time: |  | |  |  | |  | | |  | |  |  | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
| End Time: |  | |  |  | |  | | |  | |  |  | |
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| Name of class: | | | | | | | | | | | | | |
| Yes  No Did the student complete the class? | | | | | | | | | | | | | |
| Type of class:  Unpaid internships  Online – self-paced  Online – real time  Classroom  Student teaching | | | | | | | | | | | | | |
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| Class Schedule | | | | | | | | | | | | | |
| Time | Sunday | | Monday | Tuesday | | Wednesday | | | Thursday | | Friday | Saturday | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
| End Time: |  | |  |  | |  | | |  | |  |  | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
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| Name of class: | | | | | | | | | | | | | |
| Yes  No Did the student complete the class? | | | | | | | | | | | | | |
| Type of class:  Unpaid internships  Online – self-paced  Online – real time  Classroom  Student teaching | | | | | | | | | | | | | |
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| Class Schedule | | | | | | | | | | | | | |
| Time | Sunday | | Monday | Tuesday | | Wednesday | | | Thursday | | Friday | Saturday | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
| End Time: |  | |  |  | |  | | |  | |  |  | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
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| Name of class: | | | | | | | | | | | | | |
| Yes  No Did the student complete the class? | | | | | | | | | | | | | |
| Type of class:  Unpaid internships  Online – self-paced  Online – real time  Classroom  Student teaching | | | | | | | | | | | | | |
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| Class Schedule | | | | | | | | | | | | | |
| Time | Sunday | | Monday | Tuesday | | Wednesday | | | Thursday | | Friday | Saturday | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
| End Time: |  | |  |  | |  | | |  | |  |  | |
| Start Time: |  | |  |  | |  | | |  | |  |  | |
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| **PERSON COMPLETING FORM** | | | | | | | | | | | | | |
| Name: | | | | | | | Title: | | | | | | |
| Telephone Number: | | | | | | | Email: | | | | | | |
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| **SIGNATURE** – Person Completing Form | | | | | | | |  | | Date Signed | | |  |