

Education Plan Completion Tracking

Client Name:	Child Care Case Number:
Client Address:	Client's Educational Program/Goal:
Client Phone Number:	Name and location of school:
Client email address (if known):	Date of program completion:

If client has obtained employment in their field of study, please complete:

Employer Name:	Hours worked per week:
Employer Address:	Wages or Salary:
Position Obtained:	Date started:

Additional
Comments: _____

Copy to: CCDF Program Specialist, Administrative Office.
Case file