Career Education 2202 Hours Tracking Form

		Career Education 22	.oz modis m	acking i o				
Student Name:				Student email:				
Career Education 2202 Teacher:				Student Telephone:				
Planned Career Education Activities					Completed Career Education Activities			ctivities
Provide	the necessary inform	ation pertaining to career education activiti	ies that you plan to	complete.				
(brie	Activity of description)	Sponsor Contact Information (Name, address, phone, email, etc.)	Parent / Guardian Initial	C.E. 2202 Teacher Initial	Date of completion	# of hours	Sponsor Signature	Parent/Guardian Signature
Does each activity listed above under 'Planned Career Education Activities' adhere to the list of eligible activities? ☐ Yes ☐ No					Total			
		Aid Certificate may serve as verification of co						
 The sub activitie 		Post-Activity Journals is required for Job Shac	dow and Mentor Ir	nterview				
detivitie								
	Student Signature	Date						
For School Use Only	Student has successfully completed the minimum 30 career education hours requirement.				I confirm that I have completed the above activities			
	Signature of Career Educ	cation 2202 Teacher	Date	_	Student Signature		Dat	te