Maine Department of Labor
MAINE ENTERPRISE OPTION

Individual Training and Technical Assistance Verification Form/Progress Report

Name: _____ **S. S. No.** _____

Due Date: Return this form to your LEC by _____ **Local Office:** _____

Business Counselor: _____ **Organization:** _____

Instructions: You must have your workshop instructor, counselor, or Local Enterprise Coordinator (LEC) complete this form whenever you attend a workshop, or meet with your counselor or LEC. Sign this form at the bottom and return it to your LEC by the above due date.

EDUCATION AND COUNSELING COMPONENT VERIFICATION

Workshop or Class and School/Agency/Counselor Name	# of Hours	Instructor/LEC Verification		Dates of Attendance
		Name/Title	Signature	
Introduction to Business Workshop				
Counseling Appointment #1				
Counseling Appointment #2				
Total Number of Hours				

I certify that I attended the workshops, classes, and/or counseling sessions which are listed on this form.

Participant Signature _____ **Date** _____

Me. MEO-8 (10/95)