

Class Record of Approvals

Instructor: Session ID:

Class Date(s):

Section A:

Host District:

Open Book Test?
Yes No
(Circle One)

Number of Participants: Class Type: C = Certification or R = Recertification

Number of Participants Passed: Number of Participants Failed:

Number of Evaluations (Must match number of participants)

Please list names of participants who did not complete the course: (Do not list these names on the Verification Form)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section B:

Please complete this section if Instructor Trainee attended the session:

Name of Instructor Trainee:

School District (cannot be employed by host district):

☐ Served as assistant instructor for this class. ☐ Served as student instructor for this class.

Is Student Instructor recommended to be an Instructor? (Yes or No)

If **NO** please comment:

Section C:

Please check all items included in this packet.

- ☐ Sign In Sheets
- ☐ Summary
- ☐ Observation Form (If Applicable)
- ☐ Evaluations
- ☐ Verification Form
- ☐ Course Syllabus
- ☐ Tests
- ☐ Time sheet (To get paid for teaching)

Instructor Signature / Date

OFFICE USE ONLY

(Check items received from the instructor)

- ☐ Sign In Sheets
- ☐ Summary
- ☐ Observation Form (If Applicable)
- ☐ Evaluations
- ☐ Verification Form
- ☐ Course Syllabus
- ☐ Tests
- ☐ Time sheet

Note the date all information was received from the Instructor: