

## Training Documentation

## Sign-In Sheet

<b>Trainer(s):</b> Please complete all forms and turn in to the Program Director/Training Leader..				<b>CEU Eligible?</b> <input type="checkbox"/>	
<b>Required Documentation:</b> <input type="checkbox"/> Summary Sheet <input type="checkbox"/> Evaluation Forms <input type="checkbox"/> handouts <input type="checkbox"/> Post-Test (If Applicable)					
<b>Title:</b> _____					
<b>Date:</b> _____		<b>Time:</b> _____		<b>Location (City):</b> _____	
<b>Presenter(s):</b> _____					
<i>(Please list ALL presenter names)</i>					
PARTICIPANT NAME (IF NOT TYPEWRITTEN, PLEASE <b>PRINT</b> LEGIBLY)	SIGNATURE	JOB TITLE	LICENSE # (IF APPLICABLE) <small>IF REQUESTING CEU'S YOU MUST SIGN OUT ON THE SIGN OUT PAGE</small>	DEPARTMENT OR VISITING AGENCY	
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**PARTICIPANTS- DO NOT WRITE BELOW THIS LINE! CONTINUED ON NEXT PAGE**

**TRAINERS ONLY- BY SIGNING BELOW, I AM STATING THAT I HAVE REVIEW THIS PAGE OF THE SIGN-IN SHEET AND CONFIRM THAT IT HAS BEEN FILLED OUT COMPLETELY AND LEGIBLY.**

**Trainer's Signature:** \_\_\_\_\_ (ALL TRAINERS MUST SIGN)
**Date:** \_\_\_\_\_

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 \_\_\_\_\_

(ALL TRAINERS MUST SIGN)

**Date:** \_\_\_\_\_

## Training Documentation

## Training Evaluation

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Time: \_\_\_\_\_

Please rate the following:	Excellent	Very Good	Good	Fair	Poor
1. Clarity of information presented					
2. Please rate this training on improving and/or developing your job related skills					
3. Usefulness of handouts					
4. Location of training					
5. Length of training					
6. Quality of presenter					
7. Overall Training					

Strengths and most useful material of the training: \_\_\_\_\_

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Weaknesses and least useful material of the training: \_\_\_\_\_

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Please take a moment to reflect and write down how you might apply what you learned today in your work:

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What other training topics would you like to see offered: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Name (Optional): \_\_\_\_\_

## Training Documentation

## Summary Sheet

Title : \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Hours: \_\_\_\_\_ CEU eligible? ☐

Presenter(s): \_\_\_\_\_

Presenter's Qualifications: \_\_\_\_\_

☐ Resume on File ☐ Resume attached Was this instructor from an OUTSIDE AGENCY? ☐ Yes ☐ No

If yes, what agency? \_\_\_\_\_

Curriculum Development Hours: \_\_\_\_\_ Tailoring an existing course: \_\_\_\_\_ (up to the # of hours of the course)

New Course: \_\_\_\_\_ (up to double the hours of the course)

### **DESCRIPTION (GOALS, CONTENT THEMES/AREAS & HOW IT RELATES):**

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### **OVERALL PURPOSE OF TRAINING:**

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### **TRAINING MATERIALS/ TECHNIQUES USED:**

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Number of Staff Attended: \_\_\_\_\_

Were Training Evaluations handed out? ☒ Yes ☐ No

### **Summary and General Trends of Training Evaluations:**

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Presenter(s) Paid: ☐ Yes ☐ No

Participants Paid: ☐ Yes ☐ No