

Staff Development Sign-in Sheet

Course Name: _____ Trainer: _____ Trainer Signature: _____

Course #: _____ CT# _____ Organizer: _____ Organizer Signature: _____

Start Date _____ End Date _____ Inservice Points _____

*Trainer Initials

Last Name/First Name	Personnel Number	Location	Signature					*80% Mastery	*Follow-up	*Appraisal
			Day 1 Date:	Day 2 Date:	Day 3 Date:	Day 4 Date:	Day 5 Date:			
			AM	AM	AM	AM	AM			
			PM	PM	PM	PM	PM			
			AM	AM	AM	AM	AM			
			PM	PM	PM	PM	PM			
			AM	AM	AM	AM	AM			
			PM	PM	PM	PM	PM			
			AM	AM	AM	AM	AM			
			PM	PM	PM	PM	PM			
			AM	AM	AM	AM	aM			
			PM	PM	PM	PM	PM			
			AM	AM	AM	AM	AM			
			PM	PM	PM	PM	PM			
			AM	AM	AM	AM	AM			
			PM	PM	PM	PM	PM			
			AM	AM	AM	AM	AM			
			PM	PM	PM	PM	PM			