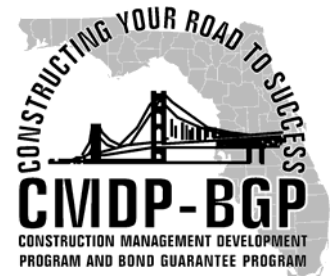


# COURSE REPORT FORM



SITE COORDINATOR: \_\_\_\_\_

TRAINING SITE: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ COURSE NUMBER: \_\_\_\_\_

START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COMPLETION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SCHEDULED MEETING DAYS: M T W R F S TIME: \_\_\_\_\_

**NOTE: ATTENDANCE ROSTER MUST BE ATTACHED**

TOTAL # FIRMS: \_\_\_\_\_

TOTAL # PARTICIPANTS: \_\_\_\_\_

TOTAL # REGISTRATIONS: \_\_\_\_\_  
(ENCLOSE WITHIN)

TOTAL # EXAMINATIONS: \_\_\_\_\_  
(ENCLOSE WITHIN)

TOTAL # REMEDIATIONS CONDUCTED: \_\_\_\_\_

*A SUMMARY SPECIFYING COURSE NAME, INDIVIDUAL PARTICIPANTS, COMPANY NAME, HOURS OF REMEDIATION AND A SIGNED REMEDIATION FORM (FOR EACH PARTICIPANT) SHOULD BE ATTACHED.*

TOTAL # TECHNICAL ASSISTANCE REQUEST FORMS: \_\_\_\_\_

*A SIGNED AND PRE-APPROVED TECHNICAL ASSISTANCE REQUEST FORM FROM EACH PARTICIPANT REQUESTING TECHNICAL ASSISTANCE MUST BE ATTACHED*

I HEREBY CERTIFY THAT THE NUMBERS ABOVE IS AN ACCURATE REPRESENTATION OF CLASSROOM PARTICIPATION.

\_\_\_\_\_  
SIGNATURE – SITE COORDINATOR

\_\_\_\_\_  
DATE