

\_\_\_\_\_ **SCHOOL DISTRICT**

TOPIC: \_\_\_\_\_ DATE(S): \_\_\_\_\_

LOCATION: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

LENGTH OF CLASS \_\_\_\_\_ HRS.  Initial  Refresher

**TRAINING CLASS SIGN-IN ROSTER**

	<b>NAME-PRINTED</b>	<b>SIGNATURE</b>	<b>DEPARTMENT/SITE</b>
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