



Redwood Children's Services, Inc. Training Attendance Sheet

Date: _____

Start Time: _____ End Time: _____ Total Time: _____

Training Topic: _____

Objectives: *After this training, attendees will have a better understanding of...* _____

Trainer/Instructor: _____

Print Name (*those enrolled are guaranteed a seat in this training*): Initials: Affiliation/Title:

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Complete this form and send it to the HR Department. If any information is left blank, this form will be returned to the trainer for completion before training credit is given to attendees. Attach curriculum (e.g. outline, policy/procedure reviewed, handouts, presentation materials, etc.), completed evaluations, and quizzes (if applicable). Thank you!