

TRAINER CLASS REPORT

Date of Training:	Trainer:	
Location of Training:		
Assistant:	Number in Class:	# Certified:
What Worked Well:		

Improvements/Recommendations:		

Expenses: \$ _____ <u>Attach Detailed Expense Voucher</u>		
Total Money Received for Training: \$ _____		
Cash: \$ _____	Check # _____	Amount: \$ _____
	Check # _____	Amount: \$ _____
	Check # _____	Amount: \$ _____
Supplies Needed to be Replaced:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Comments:		

Names of Certified Screeners:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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