INSERVICE TRAINING REPORT

Training Title: _____ Source of Training:

Instructor(s) Name & Title: _____ Qualifications:

Content of Training:

Number of Hours Involved: _____._____Training Code:_____ Date of Completion: ____/____/

ATTENDEE NAME	WORK SITE/SHIFT	Employee ID No.

TOTAL ENROLLED:_____ Reviewed by S.T.S._____ Q.A.C._____

Entered in Staff Training Database by:

Include in your review of materials the course content, important facts you learned from the training and how this training has promoted job enrichment in working with individuals with mental retardation.