TRAINING HOURS WORKSHEET

DATE:		
NAME:		
TYPE (please check one): Class Video	Book Article	Television Audio
About the Class:		
Location:		
Length of Session(s):		
Subject:		
About the Reading/Audio		
Title: Length (i.e. 1 hour or 60 pages): Subject: Where can this training be located:		
PLEASE ANSWER THE I SESSION/VIDEO/AUDIO		EGARDING EACH TRAINING
1. Summary of training (about 5 sentences):	
2. What did you gain/learn from this training:		
3. Would you recommend this to other providers? Why/Why not?		
4. Was it easy to underst	and or difficult to follow?	





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