SEYM Child Abuse Prevention Training Attendance Record

The following record is to be completed by the Trainer/instructor of an SEYM Child Abuse Prevention Training Class, upon completion of the class. It includes a list of those attending the class. Note any attendees who were not present for essentially the whole class. Anyone not attending the whole class should also read all of the materials and complete the SEYM Child Abuse Prevention Training Verification form.

Class date: _____ Time: _____ to _____

Place: _____

Instructor(s) name(s) _____

Instructor's signature(s): _____

Attendees:

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Return to the SEYM Office:

SEYM CAP
P.O Box 51Ø795
Melbourne Beach, FL 32951
Fax: 321-724-1162