SEYM Child Abuse Prevention

Training Record

The following record is to be completed by the 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: _____

Attendees:

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Return to the SEYM Office:

SEYM
P.O Box 510795
Melbourne Beach, FL 32951
Fax: 321-724-1162