

Facilitator(s) Name(s): _____

Name of Curriculum:	
<input type="checkbox"/> Parent Project Sr.....	<input type="radio"/> English <input type="radio"/> Spanish
<input type="checkbox"/> Loving Solutions.....	<input type="radio"/> English <input type="radio"/> Spanish
<input type="checkbox"/> Teen Component	

Parent Project – Empowering Parent Classes

SIGN IN SHEET

(Note: Please indicate the **DATE** of each Unit in the appropriate column)

****Please initial each day of training****

Name (Please Print)	Signature	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
		Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
1.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
2.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
3.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
4.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
5.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							

*******DUE AFTER THE LAST UNIT*******

PLEASE RETURN TO:
 Kern County Superintendent of Schools Office
 Attn: Daryl Thiesen, School Community Partnerships – US 5th floor
 1300 17th Street - CITY CENTRE
 Bakersfield, CA 93301-4533

**Parent Project – Empowering Parent Classes
SIGN IN SHEET**

(Note: Please indicate the **DATE** of each Unit in the appropriate column)

****Please initial each day of training****

Name (Please Print)	Signature	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
		Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
6.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
7.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
8.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
9.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
10.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
11.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
12.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
13.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							

**Parent Project – Empowering Parent Classes
SIGN IN SHEET**

(Note: Please indicate the **DATE** of each Unit in the appropriate column)

****Please initial each day of training****

Name (Please Print)	Signature	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
		Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
14.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
15.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
16.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
17.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
18.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
19.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
20.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							
21.											
STUDENT NAME(S):				STUDENT(S) SCHOOL:							