

Additional Training Requirement

Submit this form and **a copy of the agenda** to the mentor committee mailbox at the Cooperative following the additional training

Name: _____

Date: _____

Level of Mentee: _____

Date of Training: _____

Type of additional training: Circle one below

Conference

Workshop

Inservice

In building

Graduate Level Classes

Other

Topic/Title of Training: _____

Brief description:

Mentee Signature: _____

Mentor Signature: _____

Note:

All required KCSEC trainings will be documented by signature sheets at sign in.

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