

HEAD START OF LANE COUNTY
Training Attendance Roster

Event Date _____ Start Time _____ End Time _____ Total Hours _____

Training Title/Topic _____

Age Group/Level (CHECK ONE OR BOTH) ☐ Infant/Toddler ☐ Preschool ☐ N/A (Not for ORO Use)

Core Knowledge Category (CIRCLE ONE)

| | | | |
|-----|-----------------------------------|------|---|
| D | Diversity | OA | Observation & Assessment |
| FCS | Family & Community Systems | PPLD | Personal, Professional & Leadership Development |
| HGD | Human Growth & Development | PM | Program Management |
| HSN | Health, Safety & Nutrition | SN | Special Needs |
| LEC | Learning Environment & Curriculum | UGB | Understanding & Guiding Behavior |
| | | OT | Other Training (Not for ORO Use) |

Instructor / Trainer (print): _____
(Input in ChildPlus as Location Note)

Instructor / Trainer (sign): _____

By signing this roster I acknowledge receipt of training materials provided and understand the content and responsibilities outlined in the training.

| Printed Legal Name | Signature |
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