

CLASS PARTICIPATION RECORD

TO BE COMPLETED BY EDUCATOR

Course Title

	DATE	DAY OF THE WEEK							Time of Session
		M	T	W	T	F	S	S	
Session 1									
Session 2									
Session 3									
Session 4									
Session 5									
Session 6									
Session 7									
Session 8									

Educator(s) Name

Educators Phone Number

Training Site

Training Site Address

City

Zip Code

CHECK ITEMS BELOW FOR COMPLETION (Setting: C=Center, F=Family Childcare Home, H=Head Start, O=Other)

1	PARTICIPANT'S NAME PLEASE PRINT *as it will appear on certificate	SETTING	SOCIAL SECURITY NUMBER	ATTENDANCE EACH SESSION A = Absent <input checked="" type="checkbox"/> = Present										Test Scores		Complete		Certificate Received		Enrollment Form		
				1	2	3	4	5	6	7	8	M/U	M/U	Pre	Post	YES	NO	YES	NO	<input checked="" type="checkbox"/>		
				1																		
2																						
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9																						
10																						

Center for Early Childhood Professional Development, College of Continuing Education, The University of Oklahoma, with funding from DHS Division of Child Care

**RETURN ALL TRAINING DOCUMENTATION AND MATERIALS WITHIN 10
DAYS OF LAST SESSION IN ORDER TO RECEIVE PAYMENT.**

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				A = Absent					✓ = Present					Pre	Post	YES	NO	YES	NO	<input checked="" type="checkbox"/>
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Questions? Call (405) 799-6383 locally or (888) 446-7608 toll-free statewide. Or stop by our office at 1801 N. Moore Avenue, Moore, OK 73160-3667.

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