TRIO Training Form

Program _____

Your Name _____

Date_____ # of hours received _____

Title of Training/Workshop/Webinar_____

Name of Agency/State/Business Hosting This Event_____

Notes—Topics—Points of Interest—Questions:

Unless in the event of traveling, please turn these notes in to your Program Manager on the day the training takes place!

Need more space? Write on the back! ⇨