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| SEAL WORK READINESS TRAININGSign-in Sheet |
| Workforce Development Board Name: |
| Instructor Name(s): |
| Class Date, Start and End Time: |
| In person or Virtual: |

| Date | Customer name | **For instructor use only:**  If the student did not complete Work Readiness training, enter the actual number of hours attended. | |
| --- | --- | --- | --- |
| **Customer completed 6 – 10 hours of training?** | **If no, how many hours were completed?** |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |