



TRAINING VERIFICATION FORM

Please write legibly and do not use acronyms or abbreviations.
 CASAS enters the information you provide on this form directly into its databases.

Session Information

Type of Training: Evaluation Workshop **Trainer(s):** _____
Date: _____ **Location:** _____

Your Contact Information

Your Signature _____
 Your Name (please print) _____
 Agency _____
 Address _____
 City/State/ZIP _____
 Phone and FAX _____
 Email _____

My NEDP Training Record

Please complete the chart below. If you do not have actual dates available, please do your best to estimate the month and year.

Training Workshop	First Portfolio Review	My Experience
Dates: _____ Location: _____ Trainer(s): _____	Date Review Completed: _____ Reviewer Name: _____	I have served approximately _____ students as an advisor. I have served approximately _____ students as an assessor. I have completed approximately _____ portfolio reviews.

I would like more information about:

Please use the back of this sheet if you need additional space. Thank you.

To be completed by the trainer.

- This participant successfully demonstrated all the skills during the evaluation workshop.
- This participant completed some follow-up activities and has now demonstrated all the necessary skills to be certified. Please describe: _____
- Please issue a certificate to this advisor/assessor.

Trainer Signature _____ Date _____

Trainer: Keep a copy of this form and mail a copy to CASAS - NEDP at 5151 Murphy Canyon Road, Suite 220, San Diego, CA 92123