

**TRAINING VERIFICATION -
 PARENT OR CARETAKER ATTENDING
 SCHOOL OR RECEIVING TRAINING**

Please print or type information.

DATE

INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all information requested.
2. When completed, take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and/or stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services.

AGENCY
Community Action Partnership of Madera County 1225 Gill Ave Madera, CA 93637

PARENT OR CARETAKER'S NAME:		TELEPHONE NUMBER:
STREET ADDRESS:	CITY:	ZIP CODE:

TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED:		TELEPHONE NUMBER:
STREET ADDRESS:	CITY:	ZIP CODE:
DATE THIS TERM BEGAN:	DATE THIS TERM ENDS:	ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION:
PROFESSIONAL OR VOCATIONAL GOALS:		

CLASS SCHEDULE (if applicable)

	DAY	TIME	ROOM #	COURSE NAME	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SIGNATURE OF PARENT OR CARETAKER:	DATE:
SIGNATURE AND/OR STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION:	DATE:

OFFICE USE ONLY:

DATE VERIFIED:	VERIFIED WITH:	STAFF INITIALS:	NOTES (Verify adequate progress at recertification, 6-year maximum timeline and parent has not exceeded BA +24 units):