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| Course (circle one) | Reading Research to Classroom Practice/ Foundations of Math | |
| Participant Name: |  | LEA: |
| Dates of sessions: | Missed: | Completed: |
| Location of make-up: |  | |
| Instructor Name: |  | Signature: |
| Instructor Email: |  | |
| Pre- or Post-survey score (if making up day 1 or 5): | | |

Please complete this form to indicate completion of missed days of RRtCP or FOM. Please return this form to your district instructor.

\*Completion of this form and outside homework tasks are the responsibility of the participant. \*Completion of all 5 days and assigned tasks are required for full credit of course.

Form received by on

 (District Instructor’s signature) (date)