

**C-NET-C District Trainer's Report**  
*(Must be completed **BY TRAINER** for each training conducted)*

District \_\_\_\_\_ Trainer \_\_\_\_\_

Training Location \_\_\_\_\_

Title of Training Session \_\_\_\_\_

Date of Training \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Total Number of Hours for This Session (excluding breaks; must match syllabus): \_\_\_\_\_

	Participant's Name	School	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

*\*This form must be attached to the CNETC District Training Session Syllabus that includes topics covered, breaks, materials distributed, etc.; and to the participants' evaluation forms.*

***SUBMIT REPORT(S) WITHIN 5 DAYS OF ACCUMULATED 8 HOURS OF TRAINING. EACH TRAINING SESSION MUST HAVE THIS REPORT, A SYLLABUS, AND EVALUATIONS CLIPPED TOGETHER AS A SET IN ORDER TO BE PROCESSED FOR PAYMENT. INCOMPLETE, ILLEGIBLE OR INSUFFICIENTLY DETAILED FORMS WILL BE RETURNED TO YOU UNPROCESSED. THE \$300 STIPEND WILL BE PROCESSED AFTER RECEIPT OF COMPLETE REPORTS FOR EIGHT HOURS OF TRAINING.***