

C-NET-C District Training Session Syllabus

District Trainer's Name _____

Date _____

Location _____

Title of Training Session: _____

Learning Objectives: _____

To Time: _____ Main Topic: _____

From Time: _____ Learning Objective: _____

Detailed Description of Training _____

To Time: _____ Break

From Time: _____

To Time: _____ Main Topic: _____

From Time: _____ Learning Objective: _____

Detailed Description of Training _____

To Time: _____ Lunch

From Time: _____

To Time: _____ Main Topic: _____

From Time: _____ Learning Objective: _____

Detailed Description of Training _____

To Time: _____ Break

From Time: _____

To Time: _____ Main Topic: _____

From Time: _____ Learning Objective: _____

Detailed Description of Training _____

_____ Total Hours of This Training (Excluding Breaks and Lunch)

District Trainer's payment for these hours is dependent upon detailed and legible completion of this form, the report, and participant evaluations.