

Training Verification
(No Electronic Class Schedule)

Section A AGENCY INFORMATION

AGENCY NAME Stanislaus County Office of Education		AGENCY TELEPHONE (209) 238-6300	AGENCY FAX NUMBER (209) 238-6499
AGENCY STREET ADDRESS 1325 Celeste Drive	CITY Modesto	ZIP CODE 95355	

Section B PARENT/GUARDIAN INFORMATION

PARENT OR CARETAKER'S NAME (Last, First, Middle)		TELEPHONE ()
STREET ADDRESS	CITY	ZIP CODE
PROFESSIONAL OR VOCATIONAL GOALS (Examples: To become a Registered Nurse. To become an Administrative Assistant.)		

Section C TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED		TELEPHONE ()
STREET ADDRESS	CITY	ZIP CODE
DATE THIS TERM BEGAN	DATE THIS TERM ENDS	ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION

Section D CLASS SCHEDULE

	DAY	TIME	COURSE NAME	UNITS
1.				
2.				
3.				
4.				
5.				

Section E STUDY TIME

If needed, you may request a maximum of 2 hours per academic unit for study time. Please specify the study schedule for each day: (Example: M 1pm – 3pm)

M	T	W	Th	F	Total hours requesting: _____
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Section F SIGNATURES

Stanislaus County Office of Education has permission to contact my training institution to verify information on this form.

SIGNATURE OF PARENT OR CARETAKER	DATE
I certify that the above information about the student is true and correct.	
SIGNATURE OR STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION	DATE

REMINDERS

- Upon completion of a quarter, semester, or training period, as applicable, submit a report card, a transcript, or, if the training institution does not use formal letter grades, other records to document that you are making progress towards the attainment of your vocational goal. (Submit no more than 10 calendar days after the training institution releases progress reports).
- Completed Training Verification Forms must be submitted two weeks prior to the start of each training period.