



Nutrition Services
Inservice Sign-In Sheet

Department/Site:		
Facilitator:	Date:	Time:
Purpose:		
<input type="checkbox"/> Meeting	<input type="checkbox"/> Training	<input type="checkbox"/> Other _____

Please indicate below that you have received today's training and accept responsibility for its contents by neatly printing your name, signing your name, and writing in your school site below.

Print Name	<i>Signature</i>	School Site

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