



Workshop # \_\_\_\_\_

### PARTICIPANT SIGN-IN SHEET

**Directions:** On the first day of your workshop, complete only the top half of this page and turn in the entire page to your Workshop Leader.

Name: \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Position: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Principal: \_\_\_\_\_

Number of students in a year: \_\_\_\_\_ Number years teaching experience: \_\_\_\_\_

Workshop Leader: \_\_\_\_\_ Date: \_\_\_\_\_



Workshop # \_\_\_\_\_

### FOLLOW-UP SESSION SIGN-IN SHEET

Name: \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Position: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Principal: \_\_\_\_\_

Number of students in a year: \_\_\_\_\_ Number years teaching experience: \_\_\_\_\_

Workshop Leader: \_\_\_\_\_ Date: \_\_\_\_\_