



HEAD START of Greater Dallas, Inc.
Training Activity Certificate

Participant should fill out the training session information and then ask the instructor to sign

Training Activity _____

Location of Training _____

Date ___/___/_____, Length of Activity _____ (in hours)

Instructor(s) _____

Instructor's Signature _____
* * * * *

Training Activity _____

Location of Training _____

Date ___/___/_____, Length of Activity _____ (in hours)

Instructor(s) _____

Instructor's Signature _____
* * * * *

Delegate's staff name _____

Center _____,

Agency: **CCG, Mi Esquelita, Vogel Alcove** (circle one)

*Session handout(s) should be attached to this document to verify.
This document is for HSGD delegate agency staff or others who are not HSGD staff.*