2019-2020

C10 – Implementation of Program Standards/Course Content

**SAFETY TRAINING**

|  |  |
| --- | --- |
| School | *(insert school name)* |
| CTE Program | *(insert CTE program name)* |
| Class Name/Class Hour | *(insert class name/class hour)* |
| Teacher Name | *(insert teacher’s name)* |
| Safety Training Activity Description | *(insert title and description of safety training activity)* |
| Date of Training | *(insert date of safety training)* |
| Mastery Level Required | *(insert level of mastery required, for example: 100%)* |

|  |  |
| --- | --- |
| **Student Name (first name, last initial)** | **Safety Training Assessment Score** |
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