**CONTINUING EDUCATION CLASS VERIFICATION REPORT**

| Program Code:  |       | Contract:  |       |
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| Course Title:  |       |
| Instructor:  |       |
| Location:  |       |
| Date Visited:  |       | Time Visited:  |       | AM/PM:  |       |
| Date Course Began:  |       | Date Course Ends:  |       |
| Day (s)/Times:  |       |
| Number of Students Registered:  |       |
| Number of Students Present:  |       |
| Attendance Roster Checked: | [ ]  Yes [ ]  No |
| If no, explain:  |       |
| Instructor’s Comments:  |       |
|  |       |
| Observer’s Comments:  |       |
|  |       |

| Observer’s Signature:  |       |
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|  |  |
| Title:  |       |
|  |  |
| Instructor’s Signature:  |       |
|  |  |
| Date:  |       |