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TRAINING COMPLETION SUMMARY FORM TEMPLATE

The trainer is responsible for ensuring the completion of this form. Each section in the chart below must be initialed by the trainer and the trainee and dated upon completion of the specified task. If any task is not completed, for any reason, this must be explained in the training file and approved by the Chemistry Program Manager.

By signing below there is an acknowledgement of agreement with the training program content and timeline:

Chemistry Program Manager: _____ Date: _____

Trainer: _____ Date: _____

Trainee: _____ Date: _____

Training Start Date: _____ Training Completion Date: _____

SECTION # _____ TITLE _____

#.1 Title	Required Readings	Training Questions	Practical Exercises	Additional Tasks/Comments
#.2 Title	Required Readings	Training Questions	Practical Exercises	Additional Tasks/Comments

Add additional rows as necessary.

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Supervised Work-alongs: List FS Lab #'s and brief descriptions	Initials x 2 / Completion Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**VIRGINIA
DEPARTMENT
OF
FORENSIC SCIENCE**

**UNCONTROLLED
COPY**

Technical Final

Date: _____ Satisfactory Unsatisfactory (Circle one)

Program Manager's Signature _____

Attendees:

VIRGINIA
DEPARTMENT
OF

Practical Test

Date of Completion: _____ Satisfactory Unsatisfactory (Circle one)

Program Manager's Signature _____

FORENSIC SCIENCE

Mock Trial

Date: _____ Satisfactory Unsatisfactory (Circle one)

Prosecutor: _____ Other attendees:

Defense: _____

Judge: _____

Review of moot court recording
Initials x 2 / Date

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