

INSTRUCTOR FINAL REPORT

CHIEF INSTRUCTOR _____

Date class or event finished _____

Town class or event held in _____

Total number of students or participants _____ Number graduated _____

Please help us compile data in determining the extent to which minority groups participate in the program. Identify the number of students next to each of the following categories.

Identification of race should be made on a visual basis.

WHITE	BLACK	LATIN SURNAME	OTHER
Male _____	Male _____	Male _____	Male _____
Female _____	Female _____	Female _____	Female _____

CHIEF INSTRUCTOR I certify that all the information contained in this Class Final Report and Instructor Time and Activity sheet(s) is accurate to the best of my knowledge.

Print Name: _____ Signature: _____ Date: _____

CARE STAFF APPROVAL

Print Name: _____ Signature: _____ Date: _____