**Equipment Training Report Form**

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| **FACULTY LIAISON INFORMATION** |
| Name of VU Faculty Liaison:  Date of Orientation: Start Time: End Time: Meeting Location:  Type of Equipment: |
| **HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION** |
| Name(s) of Dual Credit Instructor(s)\*:  Name(s) of High School or Career/Technical Center\*: VU Course Number(s) will be teaching for Dual Credit: |
| **Agenda/Materials/Content Covered** |
| Provide a description of the equipment for which the instructor(s) is being trained and the details of the session. Please attach copies of all materials/resources provided and use additional pages as needed to provide the information:  Additional comments/concerns regarding this session and/or participants: |

\*A typed name below serves as an electronic signature when this report is sent from a VU email address.

**\*Faculty Liaison Signature: \_ Date: \_**

Note: A copy of this form must also be sent to the division dean.

Revised 8.1.17