# þÿEquipment Training Report Form

|  |
| --- |
| **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) being taught for Dual Credit: |
| **Agenda/Materials/Content Covered** |
| Provide a description of the equipment for which the instructor 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 instructor: |

***\*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.***