

Assigned PIN Number	Student Names (Type or Print)	Student Signatures

I (we) certify all of the curriculum objectives for the portion of the subject covered on this date have been taught.

_____ DATE _____

_____ PROBATIONARY INSTRUCTOR'S SIGNATURE

_____ START TIME

_____ END TIME

_____ CERTIFIED INSTRUCTOR'S NAME (Print)

_____ CERTIFIED INSTRUCTOR'S SIGNATURE

The Department of Learning & Instruction will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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