**OUTSIDE TRAINING VERIFICATION DOCUMENT SAMPLE** (Page 1 of 2)

This document, when completely filled out (all applicable documentation attached, all signatures affixed and made readily available for inspection) facilitates verification of compliance with TCOLE rules on reporting of training conducted by a training provider, other than the agency, and who is not otherwise a TCOLE contract training provider. This document may be modified to better meet the agency needs and design preference, provided all required elements of the rule are included. Documentation must be maintained and readily accessible for inspection in accordance with TCOLE rules. It is recommended that the trainee submit this document and all applicable attachments to the training coordinator or designee within fifteen (15) days (or less) following completion of training. Doing so allows time for the training coordinator to verify reporting eligibility and compliance within the required reporting time period. Submittal of the document to the training coordinator does not guarantee training credit will be submitted to TCOLE. The agency may establish alternate submittal standards or requirements. **Special conditions or limitations apply for online training. Refer to the Distance Education Manual publication on the TCOLE web site.**

I, (Name - First Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_ PID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

certify that I have successfully completed (Course): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at (Location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The course certificate confirms the course is \_\_\_\_\_\_\_\_\_ hours in length.

Including myself. **I have attached the following documents** for inclusion in the training files as required by TCOLE rules:

(check all that are applicable)

[ ]  1. Lesson Plan

***OR*** all of the following:

[ ]  2. Certificate of course completion with ***both*** of the following shown on the certificate:

[ ]  date(s) of the course ***AND*** [ ]  hour(s) of the course

[ ]  3. Course review and evaluation of the instructor, including an assessment of the applicability to my assigned duties.

[ ]  4. Number of persons from this agency attending this training course, including myself as one \_\_\_\_\_\_\_\_\_

[ ]  5. Outline of the course, if available. (Use printed screenshots showing course objectives/outline for course advertising on the web and for online training. Include any applicable web site address.)

[ ]  6. Copies of handouts or printed/digital training materials provided in the course?

As the trainee submitting this document and all necessary attachments, I am certifying, subject to criminal penalty, that the contents of this official government document are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Trainee Signature Date

As the training coordinator, I am certifying, subject to criminal penalty, that this official government document and required attachments have been reviewed for compliance with TCOLE rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Coordinator Signature Date

 Outside Training Verification -- Critique/Evaluation (Page 2 of 2)

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Instructor(s) Name(s) (If online provide web address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Course**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Excellent | Good | Average | Fair | Poor | N/A |
| 1. | Content was relevant to my personal/professional goals/job  | 5 | 4 | 3 | 2 | 1 |  |
| 2. | Workshop objectives were clearly stated | 5 | 4 | 3 | 2 | 1 |  |
| 3. | Objectives stated were met | 5 | 4 | 3 | 2 | 1 |  |
| 4. | Material was well organized | 5 | 4 | 3 | 2 | 1 |  |
| 5. | Training materials contributed significantly to understanding | 5 | 4 | 3 | 2 | 1 |  |
| 6. | Overall rating of the course  | 5 | 4 | 3 | 2 | 1 |  |

**Instructor (If online course, check N/A)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Excellent | Good | Average | Fair | Poor | N/A |
| 1. | Promoted an environment of learning | 5 | 4 | 3 | 2 | 1 |  |
| 2. | Demonstrated content knowledge | 5 | 4 | 3 | 2 | 1 |  |
| 3. | Provided an opportunity to ask questions | 5 | 4 | 3 | 2 | 1 |  |
| 4. | Responded well to questions | 5 | 4 | 3 | 2 | 1 |  |
| 5. | Promoted participant discussion and involvement | 5 | 4 | 3 | 2 | 1 |  |
| 6. | Clearly communicated information and instructions | 5 | 4 | 3 | 2 | 1 |  |
| 7. | Maintained class focus on course content | 5 | 4 | 3 | 2 | 1 |  |
| 8. | Used audio visual equipment effectively  | 5 | 4 | 3 | 2 | 1 |  |
| 9. | Overall rating for the instructor | 5 | 4 | 3 | 2 | 1 |  |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Trainee Signature Date

As the training coordinator, I am certifying, subject to criminal penalty, that this official government document and required attachments have been reviewed for compliance with TCOLE rules.

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Coordinator Signature Date