



Washington Association for the Education of Young Children

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STARS Training Completion Report

STARS approved trainers and training organizations use this form to report participants completion of STARS approved training. If an Available Training Form has not already been submitted for this training, one MUST be attached to this form.

STAFF USE Initials _____
Training ID # _____
Entry Date _____

SECTION I. STARS APPROVED TRAINER OR TRAINING ORGANIZATION

Trainer OR Organization _____

STARS ID Number _____ Contact Phone Number _____ Ext _____

SECTION II. LOGISTICS

Training Title _____

Start Date _____ End Date _____ Time _____

Training Location _____

Training Address _____

City _____ State _____ Zip Code _____ County _____

SECTION III. STUDENTS WHO HAVE SUCCESSFULLY COMPLETED THIS CLASS

Table with 2 columns: Students' Name (first and last name), STARS ID Number. Multiple rows for student entries.

Signature of STARS Trainer/Organization _____ Date _____

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