



Student Verification Form

Employee: _____

Student: _____

Class: _____

Start time: _____ End time: _____

Teammate: _____ Service: _____

Current Period: From: _____ To: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:
Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:	Date: _____ Initial here: _____ Notes:

I certify that this Communication Facilitator has performed satisfactory work for the hours represented.

Communication Facilitator Signature

Student Signature