

SCACS TEACHER CONTACT HOUR TRAINING LOG

Teacher Name: _____ School: _____

Date	Training Session Title or Video Title	Session Length	Trainer	Adm. Initials	Contact Hours

I affirm that this teacher has completed all of the above recorded training and that the onsite trainers meet requirements of SCACS Contact Hour policy.

_____ Date

Administrator's Signature

****NOTE: To verify training and/or coursework, please submit documentation/transcripts along with this form.**