

CASA of Kay and Noble Counties

Continuing Education Tracking

Please submit to your Advocate coordinator

CASA Volunteer: _____ Date: _____

Alternative Continuing Education Type:

_____ Other Agency sponsored in-service/Sponsoring agency: _____
Seminar Class Other: _____

_____ Web/Internet Research: source, title, author: _____

_____ Book Review/ title, author: _____

_____ Article Review/ source, title, author: _____

_____ Media (movie, television program, etc.)/source, title: _____

_____ Other (please specify): _____

Number of hours spent (not including travel time): _____

Please provide a brief summary of the continuing education training and its relevance to your role as a CASA volunteer:

Approved by: _____ Date: _____

Hours awarded: _____ For calendar year: _____

CASA volunteer's YTD continuing education hours (including this event): _____

Date: _____
CASA volunteer Notified (only if not accepted as submitted):: _____
Copy to personnel file: _____