Date of Pre-Screen:		/	Scheduled Date of CLI Course://	
	Day of week	Date		

Note to all employees: By signing your name in the space below you are affirming that:

- 1. You are present and ready to work as the between the sign in and sign out times
- $2. \ \ \, \text{You are not being paid by another employer during the time that you are signed in and signed out.}$

Helpers / Victims:

	Last Name:	First Name:	Time In:	Time Out:	Signature:	Circle Your Role
1						Helper Evaluator
2						Helper Evaluator
3						Helper Evaluator
4						Helper Evaluator
5						Helper Evaluator
6						Helper Evaluator
7						Helper Evaluator
8						Helper Evaluator
9						Helper Evaluator
10						Helper Evaluator
11						Helper Evaluator
12						Helper Evaluator

13			Helper Evaluator
14			Helper Evaluator
15			Helper Evaluator
16			Helper Evaluator
			Helper Evaluator
17			Helper Evaluator
18			Helper Evaluator
19			Helper
20			Evaluator Helper
21			Evaluator
22			Helper Evaluator
23			Helper Evaluator
24			Helper Evaluator
25			Helper Evaluator
26			Helper Evaluator
			Helper Evaluator
27			Helper Evaluator
28			

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