



Tuloso-Midway ISD Career & Technical Education Teacher/Coordinator Record of Training Station Visits

Student's Name: _____ School Year: _____

Training Station: _____ Round Trip Mileage: _____

Supervisor Name: _____ Phone: _____

6 Weeks	Date	Time
1st		
2nd		
3rd		
4th		
5th		
6th		
Summer		

Teacher/Coordinator Signature

Date

Teacher/ Coordinator Printed Name