

# Form 3

**Certified Teaching Assistants, Teacher Aides, LPN/Teacher Aides, Occupational Therapy Assistants, Physical Therapy Assistants, and School Monitors**

## In-Service Coursework Notice of Course Completion for File

Unit Member: \_\_\_\_\_

Title of Course/Workshop: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Brief Description of Course: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Length of Each Session: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Unit Member: \_\_\_\_\_

Date: \_\_\_\_\_ Assistant Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_ District Superintendent: \_\_\_\_\_