

RECORD OF TRAINING

Name of Learner: _____ Community Learning Center: _____

Level: BL LE AE JHS

Name of ALS Teacher: _____

Directions: Write on the columns the required details of the trainings you completed.

Title of the Training Program (<i>Titulo ng Pagsasanay</i>)	Skills Learned (<i>Kakayahang Natutunan</i>)	Inclusive Dates of Attendance (<i>Napapabilang na mga Petsa</i>)		Organizer/Sponsor (<i>Nag-organisa/Isponsor</i>)	Evidence(s) (<i>Katibayan</i>)
		From (<i>Mula</i>)	To (<i>Hanggang</i>)		

(Learner's Signature over Printed Name)

(ALS Teacher's Signature over Printed Name)

Date: _____

Date: _____