

*This form does not have to be sent in. It is for the Trainer's and Team Lead's records only.*

**Date of Phase I Training:** \_\_\_\_\_ **Name of School:** \_\_\_\_\_

**Trainer:** \_\_\_\_\_ **City and State:** \_\_\_\_\_

Name & Organization	Role on FAST® Team (if applicable)	Check here if present on Day 1	Check here if present on Day 2

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