FAST Families & Schools TOGETHER

HSL - Team Sign-In Sheet

Date of Phase I Training: _____ **Name of School:** _____

Trainer: _____ **City and State:** _____ **FAST® Program level:** _____

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

Copyright © 2017 Families & Schools Together, Inc. All rights reserved. Further reproduction is prohibited without prior written consent. FAST®, FASTWORKS® and Families & Schools Together® are registered trademarks of Families & Schools Together, Inc. 010317mb

FAST Families & Schools TOGETHER

HSL - Team Sign-In Sheet

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

Copyright © 2017 Families & Schools Together, Inc. All rights reserved. Further reproduction is prohibited without prior written consent. FAST®, FASTWORKS® and Families & Schools Together® are registered trademarks of Families & Schools Together, Inc. 010317mb