

Do What's Right Course Roster

The people listed below attended this course and completed the course exercises.

	NAME (PRINT CLEARLY)	SIGNATURE	JOB TITLE	AGENCY/OFFICE	SUPERVISOR
1					
2					
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Facilitated by: _____ Date: _____ Phone Number: _____ Location: _____

List the Scenarios used for this Session:

At least one Scenario from Section C is required for each session.

Section	A	B	C	D	E	F	G	H
Scenario								

Note: Please fax this completed form to Debie Chivers at 208-387-5452 and retain a copy with each employee's training record.