



# JUMPSTART PARTICIPANT TRAINING LOG

PLEASE PRINT CLEARLY

PARTICIPANT FIRST NAME:	PARTICIPANT LAST NAME:	CUSTOMER ID:
IDO:	IDO MENTOR:	CAREER COACH:

PERIOD BEGINNING DATE: (SUNDAY)	PERIOD END DATE: (SATURDAY)

WEEK	DATE	SUN		MON		TUE		WED		THU		FRI		SAT		TOTAL CLASS HOURS	TOTAL STUDY HOURS	INSTRUCTOR SIGNATURE:
		Class Hours	Study Hours	Class Hours	Study Hours	Class Hours	Study Hours	Class Hours	Study Hours	Class Hours	Study Hours	Class Hours	Study Hours	Class Hours	Study Hours			
EXAMPLE	April 1 - 6	0	3	6	2	5	4	4	2	6	3	5	2	0	0	26	16	
Week 1																		
Week 2																		
Week 3																		
Week 4																		
MONTH TOTAL:																		<b>BOX 1</b> TOTAL HOURS ← FOR MONTH

TRAINING LOCATION:

TRAINING INSTRUCTOR NAME (PLEASE PRINT):	TRAINING INSTRUCTOR SIGNATURE:	DATE: