



Staff Meeting Make-Up

Please use this form to document the make-up provided to any/all staff that missed the regular scheduled weekly staff meeting.

Name of staff requiring make-up training: _____

Date staff meeting was originally scheduled: _____

Reason for absence: _____

Date of scheduled Make-Up (Attach agenda, if applicable): _____

Please initial and date the form below upon completion of the make-up staff meeting.

Coordinator Initials: _____

Homebased Educator Initials: _____

Today's Date: _____