



## TEXAS STREAM TEAM

# TEXAS STREAM TEAM TRAINING SIGN-IN SHEET

### Training Details *(for lead trainer to fill out only)*

*\*Training Sign-In Sheets are due to Texas Stream Team 30 days after the training*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Type of training (please circle):

Core – Standard

Riparian Evaluation

Advanced

Core – Probe

Macroinvertebrate Bioassessment

*E. coli* Bacteria

Module was utilized (please circle): Yes      No

Total trained: \_\_\_\_\_ Group/Partner: \_\_\_\_\_

Trainer name(s): \_\_\_\_\_

Trainer(s) in training name(s): \_\_\_\_\_

Lead trainer signature \_\_\_\_\_ Date: \_\_\_\_\_

### Training Sign-In:

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