

Career Readiness Requirement

Verification Form: **CLASSROOM PANEL / WORKSHOP**

PRODUCTION COMPANY INFORMATION

Date _____ Queue # _____
Project Title _____
Primary Contact Name _____
Email Address _____
Office Phone _____ Cell Phone _____

SCHOOL / ORGANIZATION PRESENTATION INFORMATION

School OR Career Based Learning Program _____
Program Type / Degrees Offered Associate Certificate H.S. Diploma Other _____ N/A
Classes Participating _____ # of Students Participating _____
School/Organization Contact Name _____
Position _____ Email _____

CLASSROOM WORKSHOP / PANEL / PRESENTATION VERIFICATION

Presentation Date _____ Total # of Hours _____
Workshop / Event Topics _____

Presentation, Workshop, or Panel Presenters

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Survey completed by participants. Video testimonial submitted. (Optional) Yes No
 Submitted video and images of event, if available. Yes No

I acknowledge and certify that the information provided above is accurate to the best of my knowledge or at least what would be expected of a reasonable person in the same capacity.

Primary Contact Name _____ Date _____