



WY QUALITY COUNTS!

AWARENESS & TRAINING FOR QUALITY CHILD CARE

Final Report Checklist for WY Quality Counts!

Participant Information		
Applicant Name:	Contract Start Date: / /	Contract number:
Telephone Number: () -	E-mail address (if you have one):	
<p>I certify that I have the following documentation attached:</p> <p><i>This document should be used as a cover page and checklist for your final report of all contracted for coursework/training.</i></p>		
Verification of enrollment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verification of grades for coursework/training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of coursework completion:	/ /	
Verification of employment during the contracted for semester:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The completed WY Quality Counts! Training Evaluation Survey :	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receipts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

/ /

Applicant Signature Date

Printed Name Title

Office Use ONLY
Date Postmark:
Date Received:
Application/Contract No.:
Date Approved: