Attendance Verification Form
2016 School Health & Wellness Institute

Name: _____

Directions: Fill in session names and secure signatures (from presenters, SHWI Rep., or Conference Board Members) for sessions and meetings attended. A minimum of 15 hours must be completed.

Date	**Session Title**	**Time in Session** *# of minutes or hours*	**Signature**
Example: October 24, 2016	Keynote with Mickey Mouse	1 hour	*Art S. Teacher*

Email this verification form and the 1-page written reflection of the conference to Sutton_melanie@asdk12.org by November 11, 2016.

Thank you,
Melanie Sutton