



Drug Education
Alcohol Chemical Treatment Series
Instructor Verification Sheet

(Name) \_\_\_\_\_ is assigned to attend the Life In Focus Education
Alcohol/Drug Education course. The class meets at \_\_\_\_\_ (time), for one hour on
\_\_\_\_\_ night at \_\_\_\_\_ location.

It is your responsibility that this form is filled by the class instructor and returned to this office when
the lessons are completed.

Table with 2 columns: Lesson (Lesson 1 to Lesson 12), Date, and Instructor.

When this form is completed return to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_