



**SUMMER FOOD SERVICE PROGRAM
TRAINING DOCUMENTATION FORM**

Sponsor Name: _____
(Name of Sponsor)

Date of Training Session: _____

Time of Training Session: _____

Name & Title of Trainer: _____

TOPICS DISCUSSED

(Check the box for each topic discussed during the session)

- Adjusting Meals Procedures ()
- Approved Level of Meal Service ()
- Civil Rights ()
- Delivery Schedules (if applicable) ()
- Food Safety ()
- Inventory (if Self-Prep) ()
- Meal Count Forms ()
- Meal Count Procedures ()
- Meal Pattern Requirements ()
- Menus ()
- Monitoring Requirements ()
- Purpose of the Program ()
- Recordkeeping Procedures ()
- Site Activities ()
- Site Eligibility ()
- Sponsor Contact Information ()
- Sponsor Policies/Procedures ()
- Training Requirements ()
- Other: _____ ()
- _____ ()

ATTENDEES

(Each Person Attending Must Sign In)

Name

Title or Position

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Use additional sheets if necessary.