Print Form

B • SEW INN
Sewing & Software Center

2008-09 EDUCATION CHALLENGE TRACKING SHEET

EDUCATOR: _____ SCHOOL: _____ STATE:_____

	Date	Classification: Workbook Name, Sew@Home Class Name, Guide Class Name, Special Event Name	Work Book Page, or Lesson Plan NUMBER	LOCATION OF EVENT (guide classes, special events, clubs)	DOCUMENTATION (check if it is enclosed and labeled appropriately)	TOTAL HOURS	Leave blank
1							
2							
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Contact Phone Number: _____

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