



**SKILLS
OF
COMMUNICATION**
OREGON TRAIL CENTER #283
2229 NE Burnside St. (503)665-4428
Gresham, Oregon 97030

NXChange
Program

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SUBJECT: CLASS COMPLETION REPORT DATE: _____

TO: SOC NAT R&D FROM _____ TYPE CLASS _____

#	LAST NAME	FIRST NAME MI	SID/SSAN	GRADE	COMMENTS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

ROSTER CONTINUED ON THE REVERSE SIDE YES _____ NO _____

We certify the these individuals have successfully completed the course of instruction indicated above and have been awarded a certificate of completion and we request an appropriate entry made in their training record and the SOC database.

FACILITATOR _____ SOC REPRESENTATIVE _____

ROSTER CONTINUED

#	LAST NAME	FIRST NAME MI	SID/SSAN	GRADE	COMMENTS
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

PRIMARY FACILITATOR

#	LAST NAME	FIRST NAME MI	SID/SSAN	GRADE	COMMENTS
1.					

ASSISTANT FACILITATORS

#	LAST NAME	FIRST NAME MI	SID/SSAN	GRADE	COMMENTS
2.					
4.					
5.					
6.					
7.					
8.					

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NOTES & COMMENTS: