

# CAAS

*Center for Access and Accommodative Services*

## Workshop Attendance Verification

Workshop Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Workshop Title \_\_\_\_\_

Presenter Name \_\_\_\_\_

Presenter's Signature \_\_\_\_\_

Student Comments \_\_\_\_\_

\_\_\_\_\_

Submit this form to your teacher to document your attendance.