

# Raritan Bay Power Squadron

## Education Report

Course Name : \_\_\_\_\_

Instructor Name : \_\_\_\_\_ Grade : \_\_\_\_\_

Meeting Day : \_\_\_\_\_ Starting Date : \_\_\_\_\_ End Date : \_\_\_\_\_

Location: \_\_\_\_\_ Number of Wks : \_\_\_\_\_

Cost of Facilities: \_\_\_\_\_ Location: Good  Fair  Bad

Number of Students Enrolled : \_\_\_\_\_ Number of Students Completed : \_\_\_\_\_

Charge for Course : \_\_\_\_\_ Total Intake : \_\_\_\_\_

Cost of Materials : \_\_\_\_\_ Profit on Course : \_\_\_\_\_

Recommendations for next class? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Student Names</u>	<u>Prior Grade</u>	<u>completed</u> <i>yes or no</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** Please use space on reverse side to identify members who assisted with the class.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies: Education Officer --- Treasurer --- Review Chairperson**

The following information will help the squadron determine staffing requirements for similar activities in the future. It can also serve to support Merit Mark recommendations for the individuals listed. Please indicate below the name of any individuals involved with conducting the course described on the front of this form. List the approximate number of hours that each individual spent on the activity.

<b>Name</b>	<b>Work Done</b>	<b>Approx. Hours</b>

**Copies: Education Officer --- Treasurer --- Review Chairperson**