EXPLORE CTE TRAINING SITE ROSTER
ELK GROVE UNIFIED SCHOOL DISTRICT

Course/Site:_____ **Day of Instruction:** **Mon Tue Wed Thurs Fri Sat Sun**
(circle one)

Teacher:_____ **Class Time:**_____

Student Name	Name of Business and Contact	Address and Phone Number of Business	Daily Schedule at Site	Worksite Schedule (Dates scheduled to work)					

140.1002.0025