

TLT Academic Credit Grade Book

TLT Personal Record Chart



Name _____ Home Phone _____
 E-mail _____ Cell Phone _____
 Address _____
 City _____ State / Prov. _____ Zip _____
 Club _____ Mentor _____
 Application Date ___/___/___ Grade _____ Birthday ___/___/___ Baptized ___/___/___
Completion Dates Voyager ___/___/___ Guide ___/___/___ BST ___/___/___ Master Guide ___/___/___
Level Stars Issued Level 1 ___/___/___ Level 2 ___/___/___ Level 3 ___/___/___ Level 4 ___/___/___

Operations Information

Administrative Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____

Outreach Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____

Teaching Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____

Activities Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____

Counseling Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____

Records Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____

Special Operation #1:
 Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____

Special Operation #2:
 Workshop Attendance Record: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
 Date of instruction ___/___/___ Date of completion ___/___/___ Reviewing Staff _____
 Lab Hours Attendance Record: _____ hours. TLT Mentor approval _____
 Notes _____