



Clearinghouse Report Form – VIDEO

Directions: This report form is for clearinghouse materials. In order to receive training hours through Wyoming STARS, this form **must be filled out completely**. Return form to WCAA within thirty (30) days, or training hours **will not** be awarded.

PERSONAL INFORMATION

Name: _____ STARS ID#: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

Business Address: _____

VIDEO INFORMATION

Video Title _____ **Reference #** _____

Date of Completion _____ **Length of Training** _____

Describe the video content that is relevant to your program. _____

How would you rate	poor				excellent
1. The content of this video1	2	3	4	5
2. The format of this video.1	2	3	4	5

Video Title _____ **Reference #** _____

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