

**CSI Arizona
Qualification Scenario Cover Page**

Class Information

Officer Name: _____

Teacher Name: _____

Principal: _____

District Name: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Officer E-mail: _____

Teacher E-mail: _____

Grade Level: _____ Subject: _____

Please check one:

- Implemented during regular class hours
- Implemented during a before or after school club
- Implemented the Crime Scene Investigation Curriculum

Instructor's Signature

Date

Instructor's Signature

Date