



Annual Staff Required Trainings Verification Form

I certify that I have completed the following required district trainings including viewing all handouts.

_____ Discrimination and Harassment

_____ Mandatory Reporting (child abuse training)

_____ Universal Precautions

Signature:	
Printed Name:	
Date:	
Building/Site:	
Job Title:	

Please return to your site's front office by September 15 annually.