



Required Annual Policy and Training Documentation

School Year: _____ **School/Location:** _____

Employee Name: _____

INSTRUCTIONS: Write the date in the box to the left of those trainings you have completed to indicate your completion of those items. Must be completed and returned to the HR Department.

Sign and date the bottom of the page where indicated.

	Certified/Classified Performance Evaluation - All Staff		Confidentiality - All Staff
	Employee Handbook (include Code of Ethics/Employee Expectations) - All Staff		Bloodborne Pathogen Training - All Staff
	Harassment/Discrimination Procedures - All Staff		Active Shooter Training - All Staff
	PBIS - Positive Behavior in Schools - All Staff		Medication Training - Delegated Staff
	Duty To Report Abuse-Criminal Activity/Domestic Abuse/Child Abuse - All Staff		School Safety Plan
	Acceptable Use of Electronic Media - All Staff		Professional Boundaries - Middle & High School Staff Required (Elementary Optional)
	Seizure Training for Educators - Guidance Counselors, Principals, & All Teachers		Suicide Prevention Training -4th, 5th, & 6th Grades, Middle School & High School Certified Staff
	Section 504 - All First Year Teachers		

By signing and dating below, I verify that I have reviewed, understand, and will comply with the trainings provided to me by the Whitley County School District.

Employee Signature

Date