

Required Annual Policy and Training Documentation

School Year: _____ School/Location: _____

Employee Name: _____ Employee Role: _____

INSTRUCTIONS: Write the date in the box to the left of those trainings and orientations you have completed to indicate your completion of those items.

Sign and date the bottom of the page where indicated.

	Certified/Classified Performance Evaluation		Confidentiality
	Code of Ethics		Worker's Compensation
	Student Code of Conduct		Drug/Alcohol Free Workplace
	Bullying		Slips, Trips, Falls
	Harassment/Discrimination Procedures		Bloodborne Pathogen Training
	PBIS - Positive Behavior in Schools		Suicide Prevention Training (secondary only)
	Duty to Report Abuse		Med/Emergency Meds and Seizures (Certified + Delegated)
	Acceptable Use of Electronic Media		CPR
	Grievance Procedures		School Safety Plan
	Workers' Compensation Training		Restraint & Seclusion
	Online Board Policies		

Employee Signature and Date