

ROBIN D. MEIERS Director of HumanResources

Letter of Attestation in Lieu of Substitute Orientation

	_, attest to the fact that as a licensed teacher I pories that are presented in the New Hanover e. I request that I be excluded from taking this
Check all areas below in which have bee	en trained.
Classroom Management	
Lock Down Procedures	
Bomb Threats	
Student health concerns (dosing of m	nedicines, asthma, anaphylactic
reactions, hyperglycemia, hypoglycem	ia, s eizure disorders)
☐ State Law regarding Diabetes	
☐ Blood borne Pathogens	
Confidentiality (FERPA-Family Educat	cional Rights to Privacy Act)
 Signature	 Date
Substitute Program Manager	