

# Methuen Public Schools

## *Special Education*

*I confirm that I have carefully reviewed the training materials listed above. Specifically, I have reviewed, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by the laws, regulations, policies and procedures, in accordance with the training.*

*If I have questions about the training, materials presented or Methuen Public Schools' policy and procedures, I understand it is my responsibility to seek clarification from Gina Bozek, Director of Pupil Services*

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print name** \_\_\_\_\_