



### Verification Form

This verification form will serve as evidence for the District and the Department of Elementary and Secondary Education that a staff member has reviewed and understands the materials presented for Mandated Training. (Click on each selection and complete)

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

#### MANDATORY TRAINING DOCUMENTS:

**1. Confidentiality and the Role of Support Staff**

- a. I certify that I have read and understand the information presented regarding Confidentiality.  
Yes                      No

**2. Professionalism and Ethical Practices for Support Staff**

- a. I certify that I have read and understand the information presented regarding Professionalism and Ethical Practices.  
Yes                      No

**3. Bullying Prevention & Intervention Plan**

- a. I certify that I have read and understand the information presented regarding Bullying.  
Yes                      No

**4. Civil Rights & Section 504**

- a. I certify that I read and understand the information presented regarding Civil Rights.  
Yes                      No

**5. Section 51A – Mandated Reporting (Care and Protection of Children Under 18)**

- a. I certify that I have read and understand the information presented regarding Mandated Reporting.  
Yes                      No

**6. Student Records Procedures**

- a. I certify that I have read and understand the information presented regarding Student Records Policy.  
Yes                      No

**7. Harassment Policy**

- a. I certify that I read and understand the information presented regarding Harassment Policy.  
Yes                      No

**8. Sexual Harassment Policy**

- a. I certify that I have read and understand the information presented regarding Sexual Harassment Policy.  
Yes                      No

**9. Physical Restraint Policy**

- a. I certify that I have read and understand the information regarding Physical Restraint Policy.  
Yes                      No

**10. Massachusetts Restraint and Seclusion Regulations and Procedures.**

- a. I certify that I have read and understand the information regarding Massachusetts Restraint and Seclusion Regulations and Procedures.  
 Yes                                      No

**11. Internet and Network Acceptable Use Policy**

- a. I certify that I have read and understand the information presented regarding Internet and Network Acceptable Use Policy.  
 Yes                                      No

**12. Complainant Consent/Identity Release Form**

- a. I certify that I have read and understand the information presented regarding the Complainant Consent/Identity Release Form.  
 Yes                                      No

**13. Complaint Verification Information**

- a. I certify that I have read and understand the information presented regarding the Complaint Verification Information.  
 Yes                                      No

**14. Civil Rights Training and Compliance**

- a. I certify that I have read and understand the information presented regarding the Civil Rights Training and Compliance.  
 Yes                                      No

**15. Civil Rights Training – Title IX**

- a. I certify that I have read and understand the information presented regarding the Civil Rights Training – Title IX.  
 Yes                                      No

**16. Crisis Response Protocol for Emotional, Behavioral and Suicide Ideation and Attempts – Elementary, Middle and Secondary Level**

- a. I certify that I have read and understand the information presented regarding the Crisis Response Protocol for Emotional, Behavioral and Suicide Ideation and Attempts – Elementary, Middle and Secondary Level  
 Yes                                      No

**Health and Wellness Policies and Procedures**

I certify that I have read and understand the following information:

- |   |     |    |
|---|-----|----|
| 1. Wellness Policy - Updated April 25, 2019           | Yes | No |
| 2. Life Threatening Allergy Protocol                  | Yes | No |
| 3. Food Allergy School Staff Training - not mandatory | Yes | No |
| 4. Field Trip Protocol                                | Yes | No |
| 5. Bloodborne Diseases                                | Yes | No |
| 6. Safe Procedures: Needles or Other Sharps           | Yes | No |

*Should you require additional training in any of the mandatory areas, please indicate areas of interest:*

**Signature:** \_\_\_\_\_

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