



**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.**

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

**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.**

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**Employee Signature**

**Date**