Mandatory Training
Employee Acknowledgment

I acknowledge that I have received training on the subject area(s) initialed below, and that I understand the information presented. I further acknowledge that I had the opportunity to ask questions related to the training materials for clarification or further understanding.

Employee Initials	Supervisor/Trainer Initials	Training Topic	Date of Training
_____	_____	Mandatory Reporting	___/___/___
_____	_____	Harassment	___/___/___
_____	_____	Confidentiality (FERPA)	___/___/___
_____ __	_____	Bullying	___/___/___
_____	_____	Understanding Child Sexual Abuse (Act 1)	___/___/___
_____	_____	Bloodborne Pathogens	___/___/___

Employee: _____
Name (please print) Signature School/Department

Supervisor: _____
Name (please print) Signature

Trainer(s): _____

Please return completed form to Human Resources at the central office.