Substitute Verification of Compliance Training

I have read and understand the following staff training materials

- Asthma
- Bloodborne Pathogen
- Critical Incident Response
- Diabetes
- Food Allergies & Anaphylaxis in School
- McKinney Vento
- Return-to-Learn; Concussion Monitoring
- Sexual Harassment / Misconduct
- Substitute Handbook
- Technology Policy

I also understand that it is my responsibility to review this training material and submit this form to Human Resources at the beginning of each school year that I would like to substitute.

__________________________________________________________________________  __________
Signature                                                        Date

__________________________________________________________________________
Printed Name