



EMPLOYEE ASSURANCES

_____ **Child Abuse Training**

_____ **Data Privacy**

_____ **Cyberbullying/Bullying**

_____ **Electronic Communication**

_____ **Ethics**

_____ **Suicide Prevention**

_____ **Human Trafficking**

_____ **Effective Teaching & Leadership Standards**

_____ **Harassment Prevention**

_____ **Fire Extinguisher Training**

I have completed the above trainings:

Printed Name: _____

Signature: _____ Date: _____

_____ **Staff Member Code of Conduct/Appropriate Behavior Policy**

I received training about the requirements of ALA's Code of Conduct Policy. I understand the requirements of the policy and that I am responsible to recognize and maintain appropriate personal boundaries while interacting with students. I also understand that if I have reason to believe a staff member is violating the Code of Conduct, I will report my suspicions to administration.

Signature: _____ Date: _____

Return this completed form to Ms. Tidwell in the Finance Office