EMPLOYEE ASSURANCES

_____ Child Abuse Training

_____ Data Privacy

_____ Cyberbullying/Bullying

_____ Electronic Communication

_____ Suicide Prevention

_____ Human Trafficking

_____ Effective Teaching & Leadership Standards

_____ Harassment Prevention

_____ Fire Extinguisher Training

_____ McKinney Vento 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