

# CERTIFICATE

Of Completion

## Opening Day Training

**McDaniel, DeAndra**

**Date of Completion: September 13, 2024**

**FALL-2024**

I hereby certify that I have completed trainings requested by my district. I further certify that I am aware of my responsibilities as related to laws governing each of the covered topics and understand I can be subject to disciplinary action for non-compliance.

District &#8211; Bloodborne Pathogens, District &#8211; Active Shooter, District &#8211; Confidentiality, District &#8211; Seizure Disorders, District &#8211; Child Abuse, Neglect &#038; Dependency, District &#8211; Sexual Harassment Prevention, District &#8211; Restraint Seclusion, District &#8211; Suicide Prevention, District &#8211; Positive Behavior Interventions &#038; Support

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Name (print / signature)

\_\_\_\_\_  
Date