

CERTIFICATE

Of Completion

Opening Day Training

Adkins, Danielle

Date of Completion: October 11, 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 – Active Shooter, District – Confidentiality, District – Seizure Disorders, District – Suicide Prevention, District – Positive Behavior Interventions & Support, District – Bloodborne Pathogens, District – Child Abuse, Neglect & Dependency

Name (print / signature)

Date