

Adverse Effect Training Documentation



Adverse Effect Training Documentation

LEA/District:

Training Provided by:

Date:

Please complete annually and return to the Agency of Education via upload to Grants Management System, no later than January 15th.

Late submissions may result in consequences or potential financial sanctions.

Signature of Special Education Administrator:

I certify that the employees listed below have received training in the area of adverse effect. This training was provided to all special educators new to our school district for the school year 20 to 20 .

	Name	School	Position/Title
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