



Adverse Effect Training Documentation

LEA/District: _____

Training Provided by: _____

Date: _____

Please complete annually and return to the Agency of Education no later than December 15th.

Late submissions may result in consequences or potential financial sanctions.

Name 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: ____ to: ____ .

	Name	School	Position/Title
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Please email this form annually to AOE.SpecialEd@vermont.gov no later than December 15th