

**NISD 2016-2017 REQUIRED ANNUAL TRAININGS**

**TURN IN TO ADMINISTRATOR BY SEPT. 23, 2016**

Teacher Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Title of Training	FORMAT	Principals & Campus Admin	Teachers & Professional Certified Support Staff	Para & Office Staff	District Office Personnel	Notes	Employee Sign Off
<b>ACCOUNTABILITY</b>							
Acceptable Use Policy		X	X	X	X		
Social Media	PPT	X	X	X	X		
<b>INSTRUCTION</b>							
Dyslexia	PPT	X	X				
<b>STUDENT SERVICES</b>							
Compensatory Ed/At-risk	PPT	X	X	X			
FERPA Training	VIDEO	X	X	X	X		
Homeless Services	PPT	X	X	X			
Section 504 Training	PPT	X	X				
Special Education Confidentiality	PPT	X	X	X			
<b>HEALTH &amp; SAFETY</b>							
AED Use	VIDEO	X	X				
Blood Borne Pathogens	PPT	X	X	X			
Medication Administration	PPT	X	X	X		Required BEFORE any non-licensed individual administering meds (this includes teachers who administers meds on field trips)	
Bullying Intervention	PPT	X	X	X			
Child Abuse & Sexual Abuse Family Protective Services	PPT/VIDEO	X	X	X	X	Required for ALL, however, new employees must complete before the 1st day of school. This is a self paced on line training.	
Mental Health & Suicide Prevention Plan Review	PPT/VIDEO	X	X	X		Required for ALL, however, new employees must complete before the 1st day of school	
Teen Dating Violence	PPT	X	X				
<b>MISC.</b>							

**Your signature/initials confirm that you have viewed all annual required training modules as noted above. By signing, you understand that you are responsible for the information presented and accountable for all policies and procdures related to the information provided.**