

Universal Precautions Certification of Training & Receipt of Board Policy

By my signature below, I signify that I attended a training session on the ____ day
of _____, 20__

At that session, I viewed a presentation detailing the Avon Grove School
District's Board Policy regarding Universal Precautions.

In addition, I was provided with a copy of the related policy.

I am aware that it is my responsibility to conduct myself in accordance with Board
Policy. I understand that this certification will be placed in my Personnel File at
the District Office.

Name _____

School _____

Signature _____

Date _____