

**Miami- Dade County Public Schools (M-DCPS)
Supplemental Educational Services (SES)
Provider Staff Training Acknowledgement**

Please print or type the following information:

Name of Provider: _____

Name of Staff: _____, _____
Last First

Job Title: _____

I have been trained in:

- M-DCPS Procedures and Guidelines for the Implementation of SES Program
- M-DCPS Code of Ethics and Conduct
- Child Abuse Reporting
- Accident/Incident Reporting
- Confidentiality of Student Information
- M-DCPS Emergency Procedures
- Student Emergency Contact Information
- Student Dismissal Procedures
- Student Sign In/Sign Out Procedures
- Student Attendance Recording
- Student Learning Plan (SLP) and Progress Report
- Pre-and Post-Assessment Procedures and Reporting
- Provider's SES Program and Curriculum
- Usage of Supplies and Equipment – I will only use supplies or equipment that belongs to the provider or myself.
- Instructional Materials and Supplies
- District Requirements and Procedures for Fingerprinting/Background Screening Clearance
- All State Mandated Training

Place Copy of SES Staff Identification Badge Here

Badge must include:

- ✓ ***Name***
- ✓ ***Title***
- ✓ ***Photo***
- ✓ ***Name of the Company***
- ✓ ***Current School Year***

I acknowledge that I have received training in all areas listed above. Yes No
I meet the educational requirements to work for this company under the capacity of:
 Employee Tutor Volunteer Other _____
I have received instructional materials for program implementation (tutors only). Yes No

Staff Signature Date
Staff Phone Number: _____ Email: _____

Provider Use Only:

I verify that the staff member named above has been properly trained in all areas checked.
I understand that the staff will not begin offering services until approval is received from the
M-DCPS Title I Administration Office.

Provider Representative Name & Title (print or type) Signature Date