

## Sexual Misconduct Prevention Training

Sexual Misconduct Prevention Training was provided to:

Students \_\_\_\_\_  
(Identify the Group)

Adults \_\_\_\_\_  
(Identify the Group)

Date of Training: \_\_\_\_\_

Describe the Training briefly:

The Training was conducted by: \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Please keep this record on file at your school.

Send a copy to the Superintendent of Schools.