

**SECC
Sexual Misconduct Training
Proof-of-Training Form**

Sexual Misconduct 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 SECC Office of Education