



School District: _____

ISC: REVIEWER: _____

District Number _____

Date of Visitation: ____/____/____

Mandated/Recommended Trainings

FY 16-17

Please complete the following information for compliance records. (*mandated or recommended)

Man. Or * Rec.	Type of Training	Target for training	Frequency	Date(s) training occurred	Presenter	Method	# Attending =	Comments
Man.*	ADD/ADHD <i>(105 ILCS 5/10-20.36)</i>	Cert. staff, Admin.	Every 2 years					
Man.*	Bloodborne Pathogens <i>(OSHA 29CFR 1910.1030 (g))</i>	Teachers, K-12	Annually or more					
Man.*	DCFS Mandated Reporter: Child Abuse and Neglect <i>(105ILCS 5/10-23.12)</i>	All who Work w/K-8	Initially & every 5 years					
Man.*	Diabetes Training for all plus one aide <i>(105 ILCS145/25)</i>	All school personnel	Annually if any diabetic students					
Man.*	Educator Ethics Training <i>(105 5/10-22.39 f)</i>	All staff	Every 2 years					
Man.*	Expecting/Parenting Youth,	Personnel working	Every 2					

****	RECOMMENDED TRAININGS	*****						
Rec.	AIDS <i>(105 ILCS - 5/10-22.39)</i>	All who work w/students	As needed					
Rec.	Bullying Prevention <i>(105 ILCS 5/27-23.7)</i>	All school personnel	Annually					
Man.* /Rec.	Chronic Health Conditions <i>(105 ILCS 5/3-11)</i>	All teachers	As needed					
Rec.	First Aid/CPR <i>(105 ILCS 110/3)</i>	All staff & coaches	Every two years					
Rec.	Gang Resistance & Education <i>(105 ILCS 5/27-23.10)</i>	Students, all staff	All years					
Man.* /Rec.	Violence Prevention & Conflict Resolution & Peer Counseling <i>(105 ILCS 5/3-11)</i> <i>(105 ILCS 5/27-23.4) HB 1204</i>	All teachers	Annually or as needed					

Administrative Signature: _____
Superintendent / Designee

Date: _____

COMMENTS: