

Learning Module Completion Verification Form

This form serves as an official verification that all staff members who provide, or oversee the provision of, direct services to students with disabilities have successfully completed the required Special Education Essentials modules.

Educational Agency Name: _____ IRN: _____

Educational Agency Address: _____

Contact Person: _____ Contact Phone Number: _____

Contact Email: _____

VERIFICATION STATEMENT

We hereby assure that all required staff members who provide, or oversee the provision of, direct services to students with disabilities have completed the Special Education Essentials modules in accordance with the review guidelines. This includes full participation in all required training modules and successful completion of all assessments.

Special Education Director:

Name (Printed): _____

Signature: _____ Date: _____

Educational Agency Superintendent:

Name (Printed): _____

Signature: _____ Date: _____