



LMS Module Completion Verification Form

This form serves as an official verification that all staff members, as designated by the educational agency leadership, have successfully completed the required Learning Management (LMS) 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, as designated by the educational agency leadership, have completed the Learning Management System (LMS) 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: _____