

I confirm that all school district personnel (certified and classified) have attended Suicide/Bullying Prevention Training as outlined in HB 263. I understand that as the Suicide/Bullying Prevention Coordinator for my school district, I must make sure all forthcoming new employees are properly trained.

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| **School Year** | **2017-2018** |
| **School District Name** |  |
| **Superintendent Signature** |  |
| **Suicide/Bullying Prevention Coordinator Signature** |  |
| **Total # of school district personnel** |  |
| **Total # of school district personnel trained** |  |

Please complete and return to [HB263Training@mdek12.org](mailto:HB263Training@mdek12.org) by April 1, 2018.