

SPEED S.E.J.A. #802
1125 Division Street
Chicago Heights, Illinois 60411-2491

Dr. Geneva Walters
Superintendent



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INSERVICE TRAINING RECORD

Date of Training: _____

Location of Training: _____

Student: _____

Procedure: _____

Name

Position

This is to certify that the above SPEED staff member(s) received:

_____ Verbal instruction

_____ Written instruction

_____ Demonstration

Training was provided by _____

Signature of SPEED School Nurse

SPEED: Stu-301