Delaware Department of Education

Criminal Youth Gang Activity & Bullying Prevention
Staff Training Documentation Form

District Name

_____

School Name

_____

All School Employees Trained

Yes _____ No_____

Administrator Assigned_____ Please Print

Signature_____ School Year _____

Identification and Reporting Of Criminal Youth Gang Activity and Bullying Prevention District and Charter School Public School Employee Combined One (1) Hour Training-T14 § 4123A - *Please fill this out and Fax to John Sadowski - Program Manager, School Climate and Discipline with a copy of your District/Charter School Bullying Prevention Policy. Fax Number is 302-739-6397.*

District/Charter Name	School Name	Employee Name	Position/Job Title	Date of Training	Completed Yes or No