



**CONFIRMATION AND REVIEW
OF
MANDATED BULLY PREVENTION TRAINING REQUIREMENTS.
2020-2021**

I have read, reviewed and completely understand the following information:

- Quabbin Regional School District Bullying Prevention and Intervention Plan.
- Bullying Prevention – School Committee Policy JICFB

Please print name legibly

Location

Employee's signature

____/____/_____
Date of Acknowledgement