Providence School Department
Orientation Day Training Checklist

These important training/orientation programs are mandatory for all employees and are an important part of improving communications and establishing consistent and uniform procedures throughout the Providence School Department.

Please complete this form and indicate that you have completed/ attended the specified training/orientation by checking the box next to the training program title. Sign and return this form to your Administrator.

ADMINISTRATOR: Retain a copy of both signed documents (*Orientation Day Training Checklist* and *Child Abuse/Neglect Protocol*) at the school site and submit copies to the Human Resources Department.

Work Location:_____ Position Title:_____

Administrator:_____

☐ Child Abuse/Neglect Protocol (Staff Signature Sheet)

☐ Workplace Violence Protocol

☐ AESOP and Absence Reporting Protocols

☐ Children in the Workplace Protocol

☐ Adverse Event Protocol

☐ Dismissal Procedure

☐ Physical Restraint Crisis Intervention Policy

☐ Bullying and Harassment Policy

☐ Transgender Policy and Training

☐ Volunteer Policy

☐ Health Related Information: (Provided by School Nurse)

  o Bloodborne Pathogens; Diabetes; First Aid; Epipen

☐ EAP – Employee Assistance Program

  o Enter "Providence Schools" in the Employee/Family Member login box

☐ Emergency Procedures: i.e. school crisis team assignments; lock-down/fire/intruder drills/secure building status

☐ ELEMENTARY ONLY- Breakfast in the classroom-1.BIC- Training Meal Definition 2. BIC- Civil Rights

I certify that I have received and understand mandatory orientation day training information. I agree to comply with the protocols and related policies and procedures applicable to my job and understand that compliance is expected as part of my continued employment with the Providence Public School District.
This acknowledgement is not an assurance of continued employment or association.

Printed Name of Employee: _____

Employee Signature:_____Date _____