[LEA] CODE OF CONDUCT STAFF MEMBER ACKNOWLEDGEMENT

Name:	Position:
Date of Training:	Trained by:
I received trai	ining about the requirements of [LEA's] Code of Conduct
Policy. I underst	and the requirements of the policy and that I am responsible
to recognize and	maintain appropriate personal boundaries while interacting
with students. I	also understand that if I have reason to believe a staff
member is violat	ing the Code of Conduct, I will report my suspicions to my
supervisor, build	ing administrator, or [LEA] administrator.
Signature of Staf	f Member
Date	