

Calhoun County Schools Tutor Training Log

Name of Provider: _____

Name of Employee/Tutor: _____

I have been trained in:

1. Ethical Conduct
2. Child Abuse Reporting
3. Accident/Incident Reporting
4. Confidentiality of Student Information
5. Calhoun County Emergency Procedures
6. Student Emergency Contact Information
7. Student Daily Dismissal Procedures
8. Student Sign In/Sign Out Procedures
9. Student Attendance Recording
10. Pre-and Post-Assessment Procedures and Reporting
11. The usage of supplies and equipment—I will only use supplies or equipment that belongs to the provider or myself.
12. District Security Clearance (attach a copy of verification)
13. I meet the educational requirement to tutor for this company.

Email: _____ Contact Phone number: _____

Employee/Tutor Signature: _____ Date: _____

I verify that the employee/tutor above has been properly trained in the items above. I understand that the employee/tutor will not begin offering services until approval is received from the SES program office.

Provider Representative

Date

Meets Level 2 screening requirements, listed in the Vendor Clearance Database, or is an employee of Calhoun County School Board.

Barbara Hathaway Date

This tutor is approved to begin tutoring when the Provider has met all contract requirements.

Jennifer Hill, SES Specialist Date