

SOUTH BEND COMMUNITY SCHOOL CORPORATION
SPECIAL EDUCATION SERVICES

TRAINING VERIFICATION FOR BIPS, HEALTH PLANS and/or SAFETY PLANS

The below named student has a **Behavioral Intervention Plan** (BIP) *and/or* **Health Plan** *and/or* **Safety Plan** as part of his/her IEP for the 2018- 19 school year.

Student Name: _____ SBCSC ID#: _____ STN#: _____

School: _____ Date of Birth: _____

I have been trained in the procedures and strategies in this student's most recent *Behavioral Intervention Plan and/or Health Plan, and/or Safety Plan* in the IEP dated _____. I am aware that these must be implemented daily as written.

Name	Role	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

I have trained the appropriate paraprofessionals and staff regarding the procedures and strategies outlined in this student's most recent **Behavioral Intervention Plan** and/or **Health Plan**, and/or **Safety Plan** in the IEP dated _____.