

Wraparound Milwaukee

VERIFICATION OF 15 HOUR TRAINING REQUIREMENT

CHECK THE SERVICE(S) TO BE PROVIDED BELOW

Employee Name: _____
(print employee name)

This is a statement of verification that the above named employee has completed in full **ALL TRAINING REQUIRED BY WRAPAROUND MILWAUKEE TO PROVIDE THE FOLLOWING SERVICE(S)**.

(Check those that apply)

Mentoring: _____
(List Training Dates Above - Month/Day/ Year)

Parent Assistance: _____
(List Training Dates Above - Month/Day/ Year)

Tutoring: _____
(List Training Dates Above - Month/Day/ Year)

Detailed information related to all training sessions is on file with:

(agency name)

and includes: the date, duration, topic(s) covered; training method (ie: video; written material; workshop, etc) and name of the trainer for each training module or session.

(Wraparound Milwaukee may request this information at any time for quality assurance purposes.)

Agency Director or Designee Signature

Employee Signature

Agency Director/Designee Signature

Employee Signature

Print Name

Print Name

Date Signed

Date Signed