

Name: _____

Walters Public School 2025-26 Professional Development (SDE Required)

Maintenance/Custodian

Training	Date of Training	Initial
Allergy & Anaphylaxis		
Asthma		
Autism (if applicable) Required for teacher working with autistic students PK-3rd. Once every 3 years.		
Diabetes (if applicable)		
Gifted & Talented		
Student Communication		

By signing, you are stating that you have completed the requirements given to you in the abovementioned chart. Sign and return to the Superintendent's Office

Signature of Employee

Date