



ASSURANCE FORM

Miss. Code Ann. § 37-3-83

School District Information

School District Name:

Name of Training:

Training Format: Face-to-Face Online

Please input the corresponding year(s) to confirm Training.

School Year (e.g. 2022-2023)	Total # of School District Personnel	Total # of School District Personnel Trained	Total # of School District New Personnel Trained

ASSURANCE

- I certify that all district and school level employees and personnel (e.g., cafeteria workers, custodians, teachers, administrators, etc.) have been trained on Mental Health and Suicide Prevention Training as outlined in HB1283.
- The district has a suicide and bullying prevention policy, and all employees have been trained on it.
- I certify that all newly hired employees will receive training in Mental Health and Suicide Prevention and on the district's policy on suicide and bullying within 90 days.
- I understand that I must keep evidence of training (e.g., sign-in, agenda, PowerPoint, certificate, etc.).

SIGNATURE

Coordinator or Designee Signature

Date

Superintendent Signature

Date