

# ADMINISTRATION CODE TRAINING

# GROUP SIGNATURE SHEET

**TO BE SIGNED UPON COMPLETION OF TRAINING**

District: School:

**By signing, I acknowledge having received a copy of the Administration Code for Kentucky’s Educational Assessment Program (703 KAR 5:080) and have participated in training for this regulation. I also agree to comply with the complete content of the regulation and understand that I will be held professionally accountable.**

| **DATE** | **PRINT NAME** | **SIGNATURE** |
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