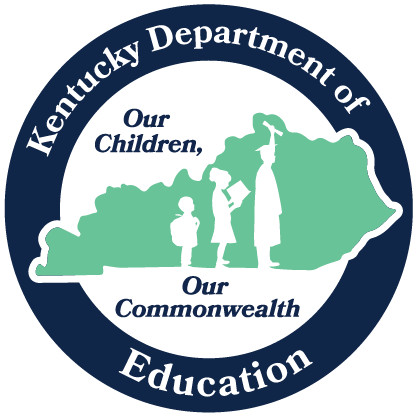
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# INCLUSION OF SPECIAL POPULATIONS TRAINING

# GROUP SIGNATURE SHEET

**TO BE SIGNED UPON COMPLETION OF TRAINING**

District: School:

**By signing, I acknowledge having received a copy of the Procedures for the Inclusion of Special Populations in the State-Required Assessment and Accountability Programs (703 KAR 5:070) 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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