

# Acknowledgement Form

I, \_\_\_\_\_, have completed the KDE approved training  
*Employee Name*

**Titled “SB 119 Recognizing and Reporting Child Abuse and Neglect”. I have reviewed this training material thoroughly and have completed the “Child Abuse, Neglect, and Dependency Training Post-Training Assessment”.**

I understand and agree that I have reviewed this information in detail and am to consult SB 119, along with my supervisor if I have any questions concerning its contents.

I understand and agree:

1. That this training is developed by the Cabinet for Health and Family Services, Department for Community Based Services (or DCBS), Division of Protection and Permanency, and this training is free-of-charge.
2. This content provided instruction for recognizing and reporting child abuse and neglect.
3. I have completed the required assessment that followed this training.

*I understand that as an employee of the District I am required to review and follow the procedures set forth in this training and I agree to do so.*

\_\_\_\_\_  
*Employee Name (please print)*

\_\_\_\_\_  
*Signature of Employee Date*

Return this signed form to the Central Office.