



**Student-to-Student Bullying, Harassment or Intimidation
Annual Training Report**

School: _____ Date of Training: _____

Name of Trainer(s): _____

Number of Staff Attending Training: Certificated: _____

Classified: _____

TOTAL: _____

Brief description of training method used (e.g. live presentation, webinar) and materials used:

(This form and sign-in sheets to be retained at the school site for a period of 3 years)