

**Provo City School District**  
**Policy Series 5000: Personnel**



5090 F1

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Training: \_\_\_\_\_ Trained by: \_\_\_\_\_

I received training about the requirements of Provo City School Districts Code of Conduct Policy. I understand the requirements of the policy and that I am responsible to recognize and maintain appropriate personal boundaries while interacting with students. I also understand that if I have reason to believe a staff member is violating the Code of Conduct, I will report my suspicions to my supervisor, building administrator, or a district level administrator.

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Signature of Staff Member

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Date