

YSLETA INDEPENDENT SCHOOL DISTRICT
Office of Professional Development

Evacuation Excel Chair - ADA Compliance

Part 1: Affirmation of required professional development

I, _____, do affirm that I am required to complete professional development for YISD principals, assistant principals and front office paraprofessionals as required by American Disabilities Act.

Print Name: _____

Signature: _____

Campus: _____

Part 2: Confirmation of completion of the required professional development for evacuation excel chair

I, _____, do affirm that I reviewed the Suspicious and Unauthorized Deliveries presentation (PDF), which will ensure my compliance under the requirements of the American Disabilities Act.

Print Name: _____

Signature: _____

Campus: _____