



Autism Mentor Standard 2 Verification Form

Date Submitted: _____

Name of Applicant: _____ Email: _____

Address: _____

County: _____ Contact Phone #: _____

Special Education Director: _____ Email: _____

Personnel Director: _____ Email: _____

Staff Development Documentation –Total of 30 Hours Required

Prevention and De-Escalation Techniques with Alternative to Restraint (Required)

Date of Training: _____ Number of Hours: _____

Agency Providing Training: _____

Staff Development Related to Providing Instructional Support to Students with Autism

Title of Training: _____

Date of Training: _____ Number of Hours: _____

Agency Provided Training: _____

Title of Training: _____

Date of Training: _____ Number of Hours: _____

Agency Providing Training: _____

Title of Training: _____

Date of Training: _____ Number of Hours: _____

Agency Provided Training: _____

***If additional space is needed, please attach additional forms.

***Signed training agenda or certificates by trainers or designees must accompany this form.