

*Appendix L*  
*Verification of Training*

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**School District of Okaloosa County**  
 Personnel Services Department  
**Verification of Training in Teacher Evaluation System**

MIS 5180  
 6/13

**SCHOOL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your signature indicates you have received training in the Teacher Evaluation System and you understand the process by which you will be evaluated.

**EDUCATOR'S NAME**

**EDUCATOR'S NAME**
