

LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division
District Nursing Services Branch

STUDENT SPECIFIC TRAINING LOG
(to be completed annually)

Student's Name _____ Birth Date _____ School Year _____

School _____ Date of Training _____

Type of Student Specific Training _____

Specialized Physical Healthcare Service (SPHCS) Authorization Signature **Date:**

(1) Healthcare Provider _____ (2) Parent _____

Training Materials Used (in addition to review of complete SPHCS authorization): _____

Trained Employee(s) Information

Printed Name	Employee ID#	Job Title	Signature

School Nurse Trainer's Name (PRINTED)

School Administrator's Name (PRINTED)

School Nurse Trainer's Signature

School Administrator's Signature

Distribution:

- ☐ Medication/Protocol Book (original-retain in folder at school site for 7 years). Do **not** file in student health record
- ☐ School Administrator (copy)-responsible to place in trained employee personnel file
- ☐ Region Nurse Administrator (copy)
- ☐ Scan and upload to DNS Training Log SharePoint folder <https://achieve.lausd.net/LAUSDTrainingLogs>