

LOS ANGELES UNIFIED SCHOOL DISTRICT  
 Office of the Chief Medical Director  
 District Nursing Services

**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>