

St. Johns County School District
2019-2020

Verification Form for BEESS Portal Independent Study Online Learning

EXTENDED DAY

Name: _____ Employee #: _____

Signature: _____

School/Facility: _____ Date: _____

Form due to Jan Caban Upon Completion

DeafEd Express- 6 Inservice Credits (Credits for this course count towards SWD certification renewal requirements)

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Inclusive Practices for the Developmentally Appropriate Pre-K classroom- 10 Inservice Credits (Credits for this course count towards SWD certification renewal requirements)

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Paraprofessionals Supporting Students with Disabilities- 20 Inservice Credits

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>

Positive Behavior Intervention Support- 20 Inservice Credits

I acknowledge that I have completed this course and I have been awarded the Certificate of Completion:
(please initial and date)

Initial: _____ Date: _____ Link to BEESS Portal Courses found at: <https://fl-pda.org>