

*St. Johns County School District
2019-2020*

Verification Form for BEESS Portal Independent Study Online Learning

TRANSPORTATION

Name: _____ Employee #: _____

Signature: _____

School/Facility: _____ Date: _____

Form due to Shelley Hamilton Upon Completion

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>