MEDICAID HEALTH AIDE LIST 2018-2019

District Name:

Southgate Independent Schools

PRACTITIONER NAME			
LAST	FIRST	MI	TITLE
Smith	Miranda		IECE Teacher
Hoffman	Donna		Special Education Para-educator
Smith	Nancy		Preschool Para-educator

I hereby certify that the PERSONS ON THIS LIST have received the appropriate training which qualifies them to perform delegated tasks listed in the IEP of an individual student. I further certify that I supervise the employee and regularly review the techniques employed during delivery of service to ensure safe and quality services are being delivered.

Sharyl Iden

SIGNATURE OF SUPERVISING NURSE

Southgate Independent Schools

6 Wm Blatt Avenue

Southgate, KY 41071

WORK ADDRESS

(Make additional copies as needed)