

MEDICAID HEALTH AIDE LIST

District Name: Southgate Independent Schools

[illegible]

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)