

**WESTERN DUBUQUE COMMUNITY SCHOOLS**  
**CERTIFICATE OF COMPLETION**  
**CHAPTER 103**  
**2020-2021**

**THIS CERTIFICATE IS AWARDED TO**

**NAME:** \_\_\_\_\_  
(Please Print)

**DATE:** \_\_\_\_\_

**MY SIGNATURE ON THE LINE BELOW ACKNOWLEDGES I HAVE VIEWED THE ONLINE CHAPTER 103 TRAINING PROVIDED TO ME ON THE DISTRICT'S WEBSITE IN ITS ENTIRETY.**

**MY SIGNATURE ALSO ACKNOWLEDGES THAT I UNDERSTAND THE CONTENT CONTAINED IN THE PRESENTATION AND UNDERSTAND THAT IF I HAVE QUESTIONS, IT IS MY RESPONSIBILITY TO CONTACT THE DIRECTOR OF STUDENT SERVICES.**

\_\_\_\_\_  
SIGNATURE DATE