

NY State Education Department Record Review – MONITOR/ATTENDANT

Reviewer(s) Name:	Master Instructor #:	Date of Record Review:
Attendant/Monitor Name:	Date of Hire:	Phone #:
District/Company:	SBDI(s)/MI(s) Names:	
Contact Name:		
Number of Attendants/Monitors in Operation:		

Documentation	Previous Cycle/School Year	Current Cycle/School Year
Bi-Annual Superintendent Statement of Compliance	Fall Date:	Fall Date:
	Spring Date:	Spring Date:
3 Personal References	Yes No	
Physical Performance Test (every 2 years)	Date:	Date:
Fingerprint Final Approval Documentation	Date:	
SED Approved Basic Course Certificate	Date:	
SED Approved Pre-service Course Documentation	Date:	
CPR Training (Skip If Not Applicable)	Date:	Date:
Fall Safety Refresher (2 hours)	Date:	Date:
Spring Safety Refresher (2 hours)	Date:	Date:
Initial DASA Training Certificate	Date:	
DASA Annual Refresher	Date:	Date:
Mandated Reporter NYS Certificate (Optional)	Date:	
Annual Identifying Abuse/Maltreatment Refresher (Optional)	Date:	Date:
Periodic Monitoring	Fall Date:	Fall Date:
	Spring Date:	Spring Date:
SBDI/MI Card in File	Yes No	