

**ILLINOIS STATE BOARD OF EDUCATION**

Nutrition Department  
100 North First Street, W-270  
Springfield, Illinois

**SUMMER FOOD SERVICE PROGRAM  
SELF-CERTIFICATION: CIVIL RIGHTS TRAINING PROGRAM**

**INSTRUCTIONS:** Please print and retain a copy of this self-certification for presentation when requested during a field staff monitoring review.

I, \_\_\_\_\_, hereby certify that I have reviewed and  
*Name of Trainee*  
understand the Illinois State Board of Education civil rights training webinar as required by the United  
States Department of Agriculture regulations relative to my duties as staff for:

Organization Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

I took this training on: \_\_\_\_\_  
*MM/DD/YYYY*

\_\_\_\_\_  
*Original Signature*

\_\_\_\_\_  
*Date*