

ILLINOIS STATE BOARD OF EDUCATION

Nutrition and Wellness Division

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