



Test Examiner's GAA training  
**Verification of GAA Training Completion**

I hereby verify that I have completed the required viewing/training for administering the Georgia Alternate Assessment (GAA).

- ☐ I participated in the live Zoom training on \_\_\_\_\_(date).
- ☐ I watched the recording of the Zoom training on \_\_\_\_\_(date).

\_\_\_\_\_  
Print name

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date