



**Providing Early Intervention Supports and Services
In Everyday Routines, Activities and Places**

UTS Programmatic Training

Attestation Statement

By signing this form, I, _____, attest that I personally completed all of the learning activities and self-assessment quizzes and the final online assessment and that no one completed them on my behalf. Should it be proven that someone else completed the above listed components of this training for me, I understand that my enrollment in Indiana's First Steps System could be revoked.

Direct Service Provider or Service Coordinator Signature

Date