**ILLINOIS SCHOOL FOR THE DEAF OUTREACH**

**Request for Training**

(To view training menu, go to <http://www.illinoisdeaf.org/Outreach/Requests.html>)

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| **Contact Person**  |       | **Title**  |       |
| **Program/School** |       | **Email Address**  |       |
| **Address of Training Site**       |
| **Contact Phone Number** |        | **Emergency Phone**  |       |
| **Training Title/Topic**  |       |
| **Training Date**  |       | **Time**  | From       | Until       |
| **Is a meal break scheduled during the time the presentation will take place?** Yes [ ]  No [ ]  How long?        |
|  |
| **Total number of participants**        | **Please check below all that apply to training participants:** |
| General Education TeachersGeneral Education Administrators Special Education TeachersSpecial Education AdministratorsEducational InterpretersSupport StaffParents EI ProvidersOther: Please list | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Will audience members need accommodations: Captioned Media [ ]  Braille [ ]  Large print [ ]  Please note: the training site must provide American Sign Language/Foreign interpreter(s) for audience members, if needed. ISD Outreach staff will not interpret or sign and talk at the same time during the presentation.  |
| **Please indicate the grades of students served by the training participants:**  |
|  |
| **Professional Development: Please check evidence of continuing professional development desired:**  |
| *
 | PD’s for educatorsCertificate of Attendance for educational interpreters/othersEI creditNone needed | [ ] [ ] [ ] [ ]  |
|  |
| **Are you able to make copies of presentation materials?** Yes [ ]  No [ ]   |
| **Please check the following items that will be available at the training site:** |
| LCD [ ]  Speaker table [ ]  Screen [ ]   |
| **Additional questions, comments or concerns?**       |

**Please complete this form and return to** **Desa.Johnson@illinois.gov**

**Thank you for requesting this training!**

 **217.919.2656**

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