**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 Teachers  General Education Administrators  Special Education Teachers  Special Education Administrators  Educational Interpreters  Support Staff  Parents  EI Providers  Other: 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 educators  Certificate of Attendance for educational interpreters/others  EI credit  None 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**](mailto:Desa.Johnson@illinois.gov)

**Thank you for requesting this training!**

**217.919.2656**

[**http://www.illinoisdeaf.org/**](http://www.illinoisdeaf.org/)