Infinitec and ISBE Knowledge-Based
Trainings Request Form

We look forward to working with you to deliver an informative, free training for your staff. To make sure everything runs smoothly on the day of the training we ask that you fill out the following form and return it to us no less than 2 weeks prior to the training. Please return to Samantha Conklin via e-mail (sconklin@ucpnet.org) or fax - (708)444-4204.

I. General Training Information

Training Selected:

Training Format: _____ Virtual (Zoom) _____ Face-to-Face

Date:

Start Time:

Time Frame: _____ 1 hour _____ 2 hour _____ 3 hour _____ Full Day

Contact person:

Contact person phone number:

Contact person email:

Training Location (if face-to-face):

This seminar, **that relates to access to the core curriculum**, aligns with my school improvement plan.

_____ yes _____ no

Would you like us to provide professional learning credit? Illinois State Board of Education (ISBE) or Illinois Department of Financial and Professional Regulation (IDFPR) are offered.

_____ yes _____ no

II. Participant Information (Please provide detailed information about your audience as we will be using this to customize your training to match your audience’s needs.)

Who is your audience? _____ special educators _____ general educators _____ speech therapists

_____ administrators _____ parents _____ occupational therapists

_____ other (please describe): ________________________________________________________________________________
Grade Level Taught: _____ preschool       _____ elementary       _____ middle school
               _____ high school        _____ transition       _____ other

Average skill of participants: _____ novice       _____ moderate       _____ advanced

What operating systems and/or devices are the participants using in their classrooms?
_________________________________________________________________________________

Maximum number of participants: ____________

Will accommodations be needed by any of the participants? _____ yes       _____ no

If yes, what accommodation(s) will be needed:
_____ Closed Captioning
_____ Transcript
_____ Other: ________________________________________________________________________________

III. Hands-on Opportunities: Some trainings will offer time for participants to explore the tools or resources shared. **In order for these hands-on opportunities to be integrated within the session, it must be indicated under the title of the training on the list of offerings, and training length must be 2 hours or more.**

***Participants must bring devices to use during the trainings; devices will NOT be provided by the presenter. The device should allow the participant to access the internet from the training location. Participants for all ‘Have It Your Way with Google Chrome’ sessions should be able to add apps/extensions to their Chrome browser on their device.***

Would you like time for hands on opportunities for participants? _____ yes       _____ no

What device will the participants be bringing to the training?_________________________________________________________________________________

Within 3 days of receipt of this form, we will contact you to confirm your training request.