



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.