| FALL 2015 training registration Kentucky Peer Support/Network Project | | | | |
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| School information | | | | |
| Name of School: | | | Number of students: | |
| Grades: | County: | | | District: |
| Principal: | Phone Number: | | | Address: |
| City: | State: | | | ZIP Code: |
| Special education information | | | | |
| Special Education Cooperative:  Please indicate which training you will attend from the list to the right: | | | **\_\_\_Thursday, August 27 – Eddyville** (**West KY Coop**) – registration due *Thursday August 20th*  **\_\_\_Wednesday, September 2** **–** **Lexington** (**Central KY and Ohio Valley Coops**) – registration due *Wednesday August 26th*  **\_\_\_Friday, September 4 – Corbin** (**KY Valley and Southeast/Southcentral Coops**) –registration due *Friday August 28th*  **\_\_\_Thursday, September 17 – Bowling Green** (**Green River Coop**) – registration due *Thursday Sept. 10*  **\_\_\_Friday, September 25** **– Maysville** (**Northern KY and Big East Coops**) – registration due *Friday Sept. 18th* | |
| Approximate number of students in your school with significant disabilities (e.g., students with Functional Mental Disabilities, Multiple Disabilities, or Autism):  Approximate age range: | | | | |
| School team information The following typically make up a core school team. Please denote with an asterisk (\*) those team members who **WILL** be attending the training | | | | |
| Administrator(s): | | | General education teacher(s): | |
| Special education teacher(s): | | | Parent(s): | |
| Supplemental team members The following positions make good additions to school teams. Please denote with an asterisk (\*) those who **WILL** be attending the training | | | | |
| Guidance Counselor(s): | | | Paraprofessional(s): | |
| School Psychologist(s): | | | Other: | |
| **TOTAL number of team members attending training:**  (please make sure you have noted attendees with an asterisk above) | | | | |
| Contact/Team leader Please list information for the individual to be contacted once registration is received | | | | |
| Name: | | Position: | | |
| Email: | | Phone: | | |
| Please submit application by due date listed for your selected training Email materials to Katie Hastings ([kaha222@uky.edu](mailto:kaha222@uky.edu))  Call (859) 257-4460 for more information | | | | |