**PROFESSIONAL DEVELOPMENT REQUEST FORM**

Name of School:

Contact Person for the Professional Development:

Email:       Phone:

Date and Time of Professional Development:

Number of People Attending:

Target Audience:  Elementary School  Middle School  High School

Staff Type?  Administration  Student Support Staff  Teachers

ESPs  Others:

Where will the training be held?       What time can we get into the space?

Contact Person on Day of the Training?

Email:       Phone:

Will we have access to:  Projector  Computer  Microphone

Who will we contact for AV support on the day of the training?

Email:       Phone:

Will the school provide snacks and drink for the attendees? Yes No

**Type of Professional Development Requested:**

Trauma Responsive & Resilient Schools

Introduction to Trauma  Staff Resiliency

Brain Development & Trauma  Student Resiliency

Classroom Strategies  Other:

Mental Health Interventions in the Classroom:

DBT (Dialectical Behavioral Therapy)  CBT (Cognitive Behavioral Therapy)

Mindfulness  Solution Focused Interventions

Other:

Solution Focused

Solution Focused Meeting Facilitation  Solution Focused Resilient School Planning

**Please send this form to Jaydn McCune at** [**JaydnMcss@racker.org**](mailto:JaydnMcss@racker.org) **or fax at 607.257.2510**