

C.A.S.E.
Assistive Technology Team
Request for TRAINING

Today's Date: _____

District Requesting Training: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Preferred Dates and time of training:

1st choice: _____

2nd choice: _____

Location for Training: _____

Number of Participants: _____

Description of Participants (i.e. teachers, assistance, related service providers, parents):

Please check one of the following that best describes the training:

Software-(i.e. Classroom Suite V.4): _____

Device-(i.e. Springboard Lite): _____

Other-(i.e. Fusion): _____

Proposed Topic: **(Please clearly specify the topic and goals of training i.e. Programming the Springboard Lite or Implementing Classroom Suite)**

Administrator/Coordinator Signature: _____

*Please return to C.A.S.E. Itinerant Services Administrator

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