

**VIRGINIA DEPARTMENT OF EDUCATION**  
**Training Application 2003**  
*Abuse & Neglect of Children with Disabilities: A Collaborative Response*

Complete and return by August 25, 2003:

Lanett Willis Brailey  
Office of Student Services  
P. O. Box 2120  
Richmond, Virginia 23218-2120  
FAX (804) 371-8796

School Division: \_\_\_\_\_

Address: \_\_\_\_\_

Local Coordinator of Training Event: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Statement of Need and Interest (Use additional sheets as needed.)**

Describe the needs of the school division and the community around neglect and abuse of students with disabilities. Discuss the incidence of this problem and special circumstances of the community regarding this issue. Indicate any prior training by school division regarding maltreatment of children with disabilities and include the date and sponsor of that training.

**Status of multi-disciplinary team in the community**

Does the community have a multi-disciplinary team? \_\_\_ Yes \_\_\_ No

If yes, which agencies are represented? \_\_\_\_\_

\_\_\_\_\_

Has the multi-disciplinary team been involved with cases of abuse and neglect of children with disabilities? \_\_\_ Yes \_\_\_ No

If yes, briefly describe the team's experience.

Has the multi-disciplinary team participated in abuse and neglect training? \_\_\_ Yes \_\_\_ No

If Yes, describe the training:

**Statement of School Division Support**

School division staff are allotted 1/2 of the 40 slots.

List the position and number of staff the school division will commit to participate in this training

(i.e. \_\_\_\_Special Education Teachers, \_\_\_\_General Education Teachers\_\_\_\_Administrators,  
\_\_\_\_School Social Workers , \_\_\_\_School Nurses, \_\_\_\_Guidance Counselors, \_\_\_\_Other –

specify\_\_\_\_\_

(Please note: School Resource Officers may be included under Community Partners as law enforcement participants)

**Statement of Community Support**

Community partners, including parents of children with disabilities, are allotted 1/2 of the 40 slots. Community partners must include the following:

- Department of Social Services (Child Protective Services and Foster Care/Adoptions)
- Law Enforcement (including Police Department and Sheriff’s Office)
- Parents of children with disabilities (including foster parents).

Community partners should also include members of the local multidisciplinary team, and may also include others who work with children with disabilities on a space available basis.

**To complete this application, you must attach at least 4 letters of support, from the following sources:** (Please list letters of support attached.)

- Local Department of Social Services \_\_\_\_\_
- Local Police Department and/or \_\_\_\_\_
- Sheriff’s Department; and \_\_\_\_\_
- Parent(s) of children with disabilities or their representatives (such as Parent Resource Center, Local Special Education Advisory Council.)\_\_\_\_\_

Letters of support must be from a person who can address the agency’s intent to send staff members to the training, and list the specific persons who are designated to attend. If the community does not have a police department 3 letters will suffice.

**SCHEDULING THE TRAINING**

If your application is selected, you will be notified by **September 15<sup>th</sup>**.

Please list three dates that your school division could schedule this two full days of training for, in the event you are selected. Dates should be between October 2003 and May 2004.

1<sup>st</sup> Choice:\_\_\_\_\_

2<sup>nd</sup> Choice:\_\_\_\_\_

3<sup>rd</sup> Choice:\_\_\_\_\_

**I support this application for training on the abuse and neglect of students with disabilities.**

**Superintendent:**\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**