

REQUEST FOR AUTISM TRAINING OR MATERIALS

Return by March 26, 2004, to:

Kim Shackelford
Office of Special Education
FAX (804) 371-8796
kshackel@mail.vak12ed.edu

SCHOOL DIVISION: _____

ADDRESS: _____

CONTACT PERSON: _____ POSITION: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

Types of training you propose to send participants to (please describe) ie, courses, workshops, conferences, etc.

Estimated Number of staff participating: _____

How will you share information learned? _____

Other (books, videos, etc.)

Estimated Total Costs _____