Request for Training/In-Service

After completing this form please email, fax, or mail to Outreach Programs.

- Email to: Outreach@tsbvi.edu
- Fax to: 512-206-9320
- Mail to: Cyral Miller, 1100 West 45th Street, Austin, TX. 78756

Person Making Request

Date of request:

Requested by:
Title:

ISD/coop/agency:
ESC Region:
Address:

City: State (If outside of Texas): Zip:

Phone (work): Phone (cell): Phone (fax):

Email:

Contact for Training

Contact person for this workshop (if different from person making request):
Name:
Title:
Phone:
Email address:
**Training Information**

Topic of training requested:
Training objectives:
1.
2.

Date(s) preferred:
Location:
Address:

Length of training:
Can we add this to the statewide online calendar?

☐ Yes
☐ No

Are there fees to attend this training and if so, what are the fees?

**Targeted audience attending (check all that apply):**

☐ Educators          ☐ Paraprofessionals          ☐ Rehab. professionals
☐ General education  ☐ Sp.Ed. Paraeducators        ☐ Other: please specify
☐ Special education  ☐ Interveners (specific to students with deafblindness)
☐ VI professionals   ☐ Parents

Approximate number attending:

Has anyone at the Education Service Center (ESC) been contacted about this issue?

☐ Yes
☐ No

ESC Contact Name:
Title:
Phone number: