Training Request Form

Advocates for Children’s Services (ACS) of Legal Aid of North Carolina

**Host Organization**

|  |  |
| --- | --- |
| Name |  |
| Description |  |
| Website |  |

**Primary Contact**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Work Phone |  |
| Cell Phone |  |
| Email |  |

**Secondary Contact (if applicable)**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Work Phone |  |
| Cell Phone |  |
| Email |  |

**Event Location**

|  |  |
| --- | --- |
| Name of Venue |  |
| Street Address |  |
| City, State Zip |  |

**Attendees**

|  |  |
| --- | --- |
| Type | Number |
| Students |  |
| Parents |  |
| Staff |  |
| Other: |  |
| Total Attendees |  |

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**Proposed Dates and Times**

*Please provide at least two options. Trainings should last 60 to 120 minutes.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Option 1 | Option 2 | Option 3 | Option 4 |
| Date |  |  |  |  |
| Start Time |  |  |  |  |
| End Time |  |  |  |  |

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\*\*For ACS Office Use Only\*\*

|  |  |
| --- | --- |
| Date Received |  |
| Confirmed Presentation Date |  |
| ACS Staffing |  |

ACS Office Notes:

**Content**

|  |
| --- |
| Required |
| Introductions\* | *5 min* | 5 |
| Questions & Answers, and Surveys\* | *10 min* | 10 |
|  | Optional – Students’ Rights |
| Preventing and Addressing Academic Failure:Personal Education Plans (PEPs)  | *10 min* |  |
| Meeting the Special Education Needs of Students with Disabilities:Individualized Education Programs (IEPs) and 504 Plan | *30 min* |  |
| Meeting the Needs of Students & Parents with Limited English Proficiency:Language Access and Discrimination | *10 min* |  |
| Keeping Students in School:Suspension and Expulsion Appeals | *20 min* |  |
| Protecting Students from Searches and Interrogations:Fourth and Fifth Amendments | *15 min* |  |
| Keeping Students Safe:Addressing Bullying in School | *10 min* |  |
| Optional – Other |
| The School-to-Prison Pipeline:Causes and Solutions | *25 min* |  |
| Achieving Educational Success:Tips for Parents to Support Their Students | *10 min* |  |
|  Total Time |  |  |

\* Part of all trainings.

**Equipment**

*Mark with an “X” the equipment that will be available to ACS staff at the event.*

|  |  |
| --- | --- |
|  | Laptop |
|  | Projector |
|  | Projector screen |
|  | Speakers |
|  | Extension cord |
|  | Power strip |

**Interpretation/Translation\***

|  |  |
| --- | --- |
| Will any attendees need interpretation or translation? |  |
|  If so, how many? |  |
|  If so, what language? |  |

\* The host organization is responsible for providing translation and interpretation services.

**Additional Information**

*Please provide any additional information that would be help ACS staff plan for the training.*

|  |
| --- |
|  |

Submit completed forms to Julia Nieves, Outreach Director, julian@legalaidnc.org.