

RIPIN Workshops Request – SCHEDULING FORM



Thank you for your interest in scheduling a RIPIN Workshop. Please complete the following form to indicate which workshops you would like to schedule. Every effort will be made to accommodate your request. Remember to allow two hours for workshop presentations unless otherwise indicated.

Forward this completed form to **Lori Barden** at Barden@ripin.org or fax to **401-270-7049**. You may also contact Lori with any questions at **401-270-0101, ext. 154**. Once this paperwork is received, you will receive confirmation paperwork and further instructions regarding your workshop.

All required fields are marked with an *.

Host Agency Contact Information:

* Agency/Organization:	
* Contact Name:	
* Mailing Address:	
* Phone Number:	
* Email:	
* Contact/Cell Phone (day of event):	
* Today's DATE:	

* Check All That Apply	WORKSHOP	FEE	* DATE/ TIME REQUESTED	* LOCATION (Where workshop will be presented)	* OPEN to PUBLIC (Check one)	* AUDIENCE (Check all that apply)	* Computer/ Projector Available Onsite
<input type="checkbox"/>	<i>Basic Rights in Special Education</i>	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULING FORM – RIPIN Workshops/Training

<input type="checkbox"/>	Basic Rights in Special Education (SPANISH)	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Bullying and Harassment of Students with Disabilities	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	IEP Blueprint: Pre-School & Elementary	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	IEP Blueprint: Pre-School & Elementary (SPANISH)	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	IEP Blueprint: Secondary Transition	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	IEP Blueprint: Secondary Transition (SPANISH)	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Section 504: A Parent's Guide	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULING FORM – RIPIN Workshops/Training

<input type="checkbox"/>	Section 504: After High School	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Skills for Effective Parent Advocacy	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Skills for Effective Parent Advocacy (SPANISH)	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	The Successful Preschool IEP	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	5...4...3 What's New For Me?	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Transition from Early Intervention	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Rhode Island Options for Medicaid	Free	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULING FORM – RIPIN Workshops/Training

<input type="checkbox"/>	Public Policy 101	\$250	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Support Group Facilitator Training	Free	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Parent Leadership Training (9hrs.) ❖ Session 1 – Defining Leadership, Stages of Group Development, Problem Solving ❖ Session 2 – Critical Elements of Collaboration, Leading Effective Meetings ❖ Session 3 – Using Your Personal Story in Networking, Developing a Personal Action Plan	\$2000	Date: Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parents <input type="checkbox"/> Professionals <input type="checkbox"/> Individuals <input type="checkbox"/> Students <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Translator **	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information:

- ** For workshops not present in Spanish, remind Host Agency that **experienced translators are required and NOT provided by RIPIN.**
- When a mixed audience is anticipated (which may include non-English speaking participants), experienced translators are required and supplied by the host agency.
- Based on best practice, RIPIN suggests that the workshop(s) are presented in the target audience's native language.

SCHEDULING FORM – RIPIN Workshops/Training

Additional Comments (i.e. equipment needs, parking instructions, etc.):