

STAFF IN-SERVICE WORKSHOP REQUEST

Must be submitted a minimum of 30 days prior to earliest preferred date.
District Contact Person will receive communication from NIAAA office upon receipt of request

School/District: _____

Street Address: _____

_____ City State Zip Code

Contact Person: _____ Title: _____

Office Address: _____

_____ City State Zip Code

Phone: (_____) _____ Office Cell: (_____) _____

Fax: (_____) _____ email: _____

A. Preferred Dates for conducting In-Service:

1st Choice: _____ 2nd Choice: _____
3rd Choice: _____ 4th Choice: _____

Workshop attendees will include:

- B.**
- _____ Professional Staff only
 - _____ Support Staff only
 - _____ Professional and Support Staff
 - _____ Administrators only
 - _____ Board of Education

- C.**
- _____ Elementary Level (K-5, K-6, 1-5 or 1-6)
 - _____ Middle/Junior High Level
 - _____ Ninth Grade Level only
 - _____ High School Level (grades 9-12)
 - _____ Secondary Level (grades 6-12 or 7-12)
 - _____ District Staff (all levels)

D. Approximate number of Attendees _____

E. Courses Being Requested:

Your Legal Duties	90 minute _____	4 hour _____
Dealing with Challenging Personalities	90 minute _____	4 hour _____
Management Strategies & Organizational Techniques	90 minute _____	4 hour _____

Signature of Contact Person Date

Send to: Staff In-Service Program
9100 Keystone Crossing, Suite 650
Indianapolis, Indiana 46240
Fax: 317-587-1451