

* = please specify

SCHOOLS ATTUNED ~ REGISTRATION FORM

Please complete a separate registration form for each individual registering for the workshop.
Mail or fax completed registration form(s) to contact person/address below at least 10 days prior to course date.

Training Site Dates/Location: _____

School/Organization Name: _____ Principal/Head of Organization: _____

School Address: _____ City/Town: _____ State: _____

Zip code: _____ County: _____ Phone: () _____ Fax: () _____

Type of School: Public Private *Other _____

How did your organization first learn about All Kinds of Minds?

(please circle one) Parents, Conference Exhibit, Dr. Levine Talk, Professional Journal, Internet, TV, Radio, Newspaper,
Schools Attuned Regional Training Site, Colleague.

Type of School: (please circle one): Regular, *Special Education, *Special Program Emphasis, *Vocational/Technical, *Alternative

Participant Name: (Mr. Mrs. Ms. Dr.) _____ Home Address: _____

City/Town: _____ State/Province: _____ Zip code: _____

Country/County: _____ Phone: () _____ Email address: _____

Primary Reason for Enrolling: (circle one) Enhance personal/professional skills, Meet Requirements for initial credential or degree,
Maintain or renew credentials, Qualify for Advancement or salary increase, *Other. _____

Occupation: (circle one) Classroom Teacher, Instructional Aide, Reading Specialist, Psychologist, Principal,
*Other School-Level Administrator, District Level Administrator, Guidance Counselor,
*Other Occupation. _____

Main Teaching Area: (circle one) Kindergarten (various subjects), Elementary (various subjects), Special Education,
English/Language Arts, Mathematics, Social Studies/History, Science, English as a second Language, Foreign Language,
Visual/Performing Arts, Physical Education, Not Applicable, *Other. _____

Grade(s) with which you work:

K 1 2 3 4 5 6 7 8 9 10 11 12

Other: _____ Years of Work Experience in Education: _____

Are you National Board certified?: (circle one) yes / no

Please check packet choice (one only):

Standard (typically K-4) Secondary (typically 5-12 or departmentalized)

How did you hear about Schools Attuned?: (circle one) Parents, Conference Exhibit, Dr. Levine Talk, Professional Journal, Internet,
TV, Radio, Newspaper, Schools Attuned Regional Training Site, Colleague, Other.

Billing Contact Person: _____ Billed School/Organization Name: _____

Billing Address: _____ City/Town: _____ State: _____

Zip code: _____ Country/County: _____ Phone: () _____

**ALL information is
REQUIRED!**

Barbara VanWicklin
Site Director
Cattaraugus Allegany BOCES
1825 Windfall Road
Olean, NY 14760
barb_vanwicklin@caboces.org
Phone: (716) 376-8414
Fax: (716) 376-8438

**ALL information is
REQUIRED!**