**REGISTRATION FORM**

**SPECIAL EDUCATION:**

**How to Navigate IEP / 504 / Transition Plans and**

**Advocate to Get What Your Student Needs**

*This training is funded by the WV Developmental Disabilities Council*

  Thursday, June 8 8:30 am – 3:00 pm (Doors open at 8:00 am)

Holiday Inn Express Conference Room

941 WV-34, Hurricane, WV 25526

First Name\*       Last Name\*

Email Address \*      Phone \*

Agency or Organization (if applicable)

Street Address       Address 2

City       State       Zip/Postal Code

Please select the choice that best describes you \*

 I am a person with a disability

 I am a parent/guardian

 I am a service provider or agency staff

 I am an educator, administrator, or school support personnel

 I am a professional/practitioner who provides a service in the community

Other

Please select one

 My student is currently receiving special education services

 My student may need special education services and I am seeking information on how to proceed

Grade category of my student(s) \*

 Not in school yet  3 years – Kindergarten  Elementary School  Middle School  High School

Do you require materials be made available in an alternate format? If so, please explain.

This fillable form can be downloaded, completed, and emailed to [christina.smith@astrive.org](mailto:christina.smith@astrive.org) or dropped off at the Wood County Society office at the above address.

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Astrive Advocacy, Inc.

www.astrive.org / christina.smith@astrive.org

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