**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*

[x]   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 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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