JAMES RIVER SPECIAL EDUCATION COOPERATIVE

INSERVICE

DATE: _____ **TIME:** _____ **until** _____

WHERE: _____ **REGARDING:** _____

BRIEF DESCRIPTION WRITTEN BY PRESENTER:

_____
_____
_____
_____
_____***See**
Attached: _____

SIGNATURE & TITLE OF PRESENTOR(S):

_____

_____

PRINT NAME <u>& TITLE</u> OF THOSE ATTENDING:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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_____ _____

_____ _____

_____ _____

_____ _____

Awareness _____ Knowledge Training _____ Skills Practice _____ Skills Application _____

1.Gen. Ed. Teacher ___ **2.** Sp. Ed. Teacher ___ **3.** Para/TA____ **4.** Admin. ____ **5.** Support Personnel (SLP/OT/Psy.)____ **6.** Resident Teachers ____ **7.** Parents _____