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**Project TEDD**

#  Participant Information Form

**Directions:** Please complete the following application, if you would like to participate in the train-the-trainer workshop on December 2, 2020, from 7:45 am-5:00 pm via Zoom. The purpose of this one-day workshop is for you to become a trainer of other teachers on identification, referral, and supports for students who are diagnosed with intellectual disabilities and complex mental health needs (dual diagnosis). If you attend this workshop, you will be expected to train at least 5 teachers, parents, or related professionals from your school district. By nominating you, your administrator understands that you will need one full school day release to attend this training. Those teachers completing the workshop will receive $100, and those who train 5 others will receive an additional $100.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Once I have attended the workshop, I agree to train 5 teachers, parents, or related professionals in my school district.** **Yes** \_\_\_\_\_\_ **No** \_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Describe your experience working with students with dual diagnosis.**

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