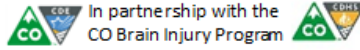




BrainSTEPS CO

Strategies Teaching Educators, Parents, & Students



2017 BrainSTEPS CO Brain Injury Consulting Team Member Application

School District/BOCES: _____ Team Leader: _____

Name: _____ Profession: _____

Job Title: _____

Work Address: _____

Work Telephone #: _____

Work Email Address: _____

Personal Email Address: _____

I prefer to be contacted using my: _____ Work email _____ Personal Email

Job Responsibilities

Experience Working with Students with TBI:

Previous Training

Summarize previous training experience in Brain Injury (not required to qualify for team membership.)

Please provide the following information for each of your supervisors. The expectation is that you have discussed BrainSTEPS CO with your supervisors and you have permission to participate in the training and carryout team member responsibilities.

NAME	ADDRESS	TITLE	PHONE	EMAIL

Please write a brief statement of your interest in serving on a BrainSTEPS CO Consulting Team and **HOW** you plan to become an **ACTIVE** team member. Please refer to the BrainSTEPS Best Practices Document for more details.

The BrainSTEPS CO Program will review your application and if chosen, you will receive an email with notification regarding details of the New Team Training that will be held November 29-30, 2017.

This form is DUE to Dr. Janet Tyler at tyler_j@cde.state.co.us by October 20, 2017.

(You will be notified of your status by November 1, 2017)