



BrainSTEPS 
Strategies Teaching Educators, Parents, & Students

2018-19 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)



COLORADO
Department of Education



MINDSOURCE
BRAIN INJURY NETWORK

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

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 CDE BrainSTEPS CO Program will review your application and if approved, you will receive an email with notification and registration details of the New Team Training that will be held November 14-15, 2018.

This form is DUE to Janet Tyler at tyler_j@cde.state.co.us by Sept. 14, 2018.

(You will be notified of your status by Sept. 21, 2018)

