

Conference Registration Reimbursement for Families

July 2011 – June 2012

- ◆ Funds are available to any family in Colorado with a child (3 - 21 years of age) who is eligible for special education services under Part B of the Individuals with Disabilities Education Act (IDEA).
- ◆ Funds may be used to assist families with the cost of registration for one conference every three years.
- ◆ Maximum amount of reimbursement is \$250.00 per family.

☆ PLEASE NOTE ☆

- ◆ All monies are on a reimbursement basis after the event takes place.
- ◆ Individuals may apply for one conference registration reimbursement every three years from the Colorado Department of Education (CDE), Exceptional Student Leadership Unit; including, but not limited to, the Crossroads Conference, the Roundhouse Conference, and the Conference on Inclusive Education.
- ◆ Funds cannot be used for multiple conferences.
- ◆ Funds are limited and every attempt is made to fairly distribute funds across the State.

☆ AWARD NOTIFICATION ☆

- ◆ You will receive an award letter with complete instructions for reimbursement if your request is approved. Recipients must complete and submit an evaluation with their reimbursement form following the conference. In addition, recipients will be asked to participate in a 6 – 9 month follow-up survey.
- ◆ If your request is not approved, you will be notified in writing.

☆ TO APPLY ☆

- ◆ Complete the application on page 2.
- ◆ Send conference brochure and completed application to:

DeLinda Rose
Colorado Department of Education
Exceptional Student Leadership Unit
1560 Broadway, Suite 1175
Denver CO 80202
Fax: (303) 866-6767
Email: rose_d@cde.state.co.us

**Application for Conference Registration Reimbursement for Families
July 1, 2011 – June 30, 2012**

Name: _____

Address, City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Name and Date(s) of Conference: _____

Location of Conference (City, State): _____

Family Members Attending Conference: _____

Age of Child with Disability: _____ Child's Disability: _____

How will attending this conference benefit you and your family? _____

What do you expect to gain from attending this conference? _____

How will this conference increase your involvement in the special education process for your child? _____

How much money are you requesting for registration reimbursement? _____

Yes, I agree that I will complete and submit an evaluation after the conference with the reimbursement form.

Yes, I agree that I will participate in a follow-up survey approximately 6 - 9 months after the conference.

Please send completed application and the conference brochure to:

DeLinda Rose
Colorado Department of Education
Exceptional Student Leadership Unit
1560 Broadway, Suite 1175
Denver CO 80202
Fax: (303) 866-6767
Email: rose_d@cde.state.co.us