**McKinney-Vento Homeless Education (Title X)**

**“Observation Trainings”**

**Presented by Colorado Title X Subgrantee Districts during the 2014-2015 school year**

Please complete the information form below and return to CDE via email to Mandy Christensen at [Christensen\_A@cde.state.co.us](mailto:Christensen_A@cde.state.co.us).

These 16 District/BOCES level trainings for various school and community audiences will provide an opportunity for staff from districts who do not receive Title X funding to observe and learn how to conduct McKinney-Vento awareness in their districts and communities. Please designate a training that Title X staff in your district will conduct between September 2014 and April 2015. The training description will be posted on the CDE calendar of events and distributed via listserv to all CO district homeless liaisons, BOCES representatives, and Title X directors. It is important **to leave at least four weeks from the date of submission of this form and the date of the training,** as we will be sending invitations to attend your training once this form is received at CDE.

Each subgrantee District/BOCES must submit one form, BUT you are most welcome to submit multiple training forms as your district continues to disseminate awareness information throughout your schools, district and local community concerning the Title X educational rights of students residing in temporary living situations. This service, performed by the 16 Title X subgrantee Districts/BOCES, is a valuable technical support to other homeless liaisons and to the Title X and Title I offices at CDE. THANK YOU.

Name of District/BOCES:

Homeless Liaison:

Contact for Registration & Questions:

Phone Number: E-mail address:

Audience: \_\_\_\_\_ District staff \_\_\_\_\_ Principals \_\_\_\_\_ School Office Staff

\_\_\_\_\_ BOCES staff \_\_\_\_\_ Teachers \_\_\_\_\_ Nurses

\_\_\_\_\_ Support Staff \_\_\_\_\_ Title I Staff \_\_\_\_\_ Community Members

\_\_\_\_\_ School Counselors \_\_\_\_\_ Others: (please describe) \_\_\_\_\_\_

Date of Training: Time Period for Training:

Name of Building:

Address of Training:

(Street) (City) (Zip Code)

Phone # of Location for Information/Directions:

Content Overview of the McKinney-Vento Training: