



**COUNTY OF ALBANY
BULLYING PREVENTION TASK FORCE
PROGRAM REQUEST FORM**

Name	Title
Email	Phone
School/Organization Name and Address	
Audience <input type="checkbox"/> Administrators <input type="checkbox"/> Faculty <input type="checkbox"/> Social Worker/Counseling Staff <input type="checkbox"/> Support Staff <input type="checkbox"/> Parents/Caregivers <input type="checkbox"/> Athletics <input type="checkbox"/> Dignity for All Students Act Coordinator <input type="checkbox"/> Other: _____ <input type="checkbox"/> Students (Please select grade level) Pre-K K 1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th 9 th 10 th 11 th 12 th	
Number of Participants: _____	
Please identify any special needs of participant(s) in audience <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Physical Disability <input type="checkbox"/> Lower Level Functioning <input type="checkbox"/> Other (Please specify) _____	
Description of Space	
Technology Available <input type="checkbox"/> Computer <input type="checkbox"/> Digital Projection <input type="checkbox"/> DVD Player <input type="checkbox"/> Audio <input type="checkbox"/> Microsoft Powerpoint <input type="checkbox"/> _____	
Requested Dates and Times (Scheduling is contingent upon educators' availability. Please provide at least two possible dates/times with at least a two week notice).	
What are you hoping participants will gain from this program/training?	
What information have participants received (if any) prior to this program/training?	
How did you hear about the Albany County Bullying Prevention Task Force? <input type="checkbox"/> Email <input type="checkbox"/> Internet Search <input type="checkbox"/> Social Media <input type="checkbox"/> Albany County Website <input type="checkbox"/> Colleague/Friend <input type="checkbox"/> News	