



## ARIZONA CHARACTER EDUCATION TRAINING REQUEST TEACHER IN-SERVICE REQUEST

Please Type or Print Neatly

## I. School Information

Contact Name:	E-mail:
School Name:	
School District:	
Total Number School Employees:	Total Attending Training:
Total number of students:	Student age/group breakout:
Location of Training: (street address)	
Telephone:	Fax:
Please Circle One:	
Six Pillars of Charactersm (A) B. Mining the Curriculum for C  Training sessions can be modified to 1	meet the specific needs of your staff and students.
Would you like to be contacted by ph	one to discuss this training?
S S	able. Please see Parent Training Request form www.ade.az.gov/charactered
Date Requested: 1 <sup>st</sup> Preference:	2 <sup>nd</sup> Preference:3 <sup>rd</sup> Preference:
Time Requested:	(Trainings are approximately 1.5 Hours)
Have you had a CHARACTER COUNT	ΓS!sm training before? Yes No
Does your school/organization currently	y have a character education program? Yes No

(PLEASE COMPLETE PAGE 2)

If yes, please state curricul	um or program:	
• •	s/what do you hope to accomplish with this training?	
Are there any materials that	at you would like to see presented at this presentation?	
	attended/graduated from a 3-Day Character Education Seminar?	•
Yes No		
If yes, when?	Who?	
Has anyone at your school Yes No	attended a 1-Day Character Education Conference?	
If yes, when?	Who?	
Do you have a screen and	projector available for a PowerPoint presentation? Yes No	

Please FAX this request to: 602-542-2289

Arizona Department of Education Character Education and Development 1535 West Jefferson Street, Bin #18 Phoenix, AZ 85007 602-542-1755

WEB: <a href="www.ade.az.gov/charactered">www.ade.az.gov/charactered</a> EMAIL: Charactered@azed.gov