

CRISS Training of Trainers

May 30 – June 2, 2017

Attendance all 5 days is required.

Location:

Lake Villa, IL

Cost: \$1500 per person

Additional costs for certification may apply.

Trainer: Dr. Debra Franciosi, Director, Master Trainer

Min-Max participants: 7-12

Registration Deadlines: April 24, 2017 for minimum;
May 16, 2017 for maximum.

How to Register:

The registration fee of \$1500 per person is payable in advance to **EL² Project CRISS**.

Please fax or mail check, money order, purchase order, or VISA/MC/AmEx authorization (no cash; U.S. funds only), along with registration form to:

Project CRISS
PO Box 926
Kalispell, MT 59903

Fax: **406.758.6444**
Phone: **406.758.6440**
Toll Free: **877.502.7477**



Participants must complete the Candidate Information Form in addition to this form!

Web www.projectcriss.com
Email info@projectcriss.com

If you have any questions regarding the workshop content, times, or location, please contact the CRISS National Office.

Prerequisites: Project CRISS Training of Trainers participation requires prior attendance at 2 Intro to CRISS workshops (one with the 4e manual in the last 3 years) and implementation of CRISS with students for at least six months prior to attending. Waivers are granted in some situations; please call.

Team Registration

School _____

District _____

District Contact _____

1. Name _____

Grade/Role _____

Phone _____

Email _____

2. Name _____

Grade/Role _____

Phone _____

Email _____

3. Name _____

Grade/Role _____

Phone _____

Email _____

4. Name _____

Grade/Role _____

Phone _____

Email _____

For certification, participants are required to attend the ENTIRE training. Most participants will have significant evening homework. Please plan accordingly.

Day 1: 7:45 AM to 5:00 PM

Day 2: 8:00 AM to 5:00 PM

Day 3: 8:00 AM to 5:00 PM

Day 4: 8:00 AM to 5:00 PM

Most likely, two days will be working lunches - order in or bring your own. Other days tbd.

No refunds issued after April 24, 2017.

Individual Registration

Name _____

School _____

District _____

Grade/Role _____

Work Phone _____

Work Address _____

Work Email _____

Home Contact Info: Phone _____

Email _____

Payment Information

Check or Money Order

Purchase Order # _____ (attached)

Bill Credit Card (Visa, MC, or AmEx):

Authorized Amount \$ _____

Credit Card # _____

Name as it appears on credit card:

Billing Address: _____

Expiration Date _____

3 or 4-Digit Security # _____

Signature _____

Candidate Information Form
Project CRISS Training of Trainers Workshop

Name: _____ Position: _____

Name of School District / Region: _____

Mailing address (home): _____

_____ Zip _____

Phone number: Work: _____ Home: _____

E-mail: _____

*Please give the dates, location, and trainer of your **TWO** most recent Intro to CRISS workshops. Each workshop is at least 12 hours. If one is scheduled, please indicate relevant info.*

1. Dates: _____ Location: _____

Trainer(s): _____

2. Dates: _____ Location: _____

Trainer(s): _____

3. In the space below, please summarize how you have been implementing CRISS—include (1) grade levels, (2) content areas, and (3) **Framework for Learning** elements and strategies. How are you coordinating with other faculty or team members in your school/district?

4. In one or two paragraphs, explain how your background and experience will help you to become an effective trainer in your district (or region if you are employed by a regional educational cooperative).

READ THE FOLLOWING AND SIGN BEFORE RETURNING THIS TO CRISS

I have read the *Certified Trainer Requirements and Responsibilities*. My signature below verifies that I have met all the requirements and agreed to all the responsibilities. I understand that I must attend all 28+ hours of the 4-day training, that I should bring my CRISS training manual and student samples to share, and that I will be expected to present several CRISS presentations during the workshop. In addition, I understand that I must apprentice at an Introduction to Project CRISS workshop of at least 12 hours and submit lesson plans to complete my certification requirements.

Signature

Date

Please return this form immediately to:

dfranciosi@projectcriss.com OR Fax 406.758.6444