

Candidate Information Form

Project CRISS Training of Trainers

Name:

E-mail:

Name of School District / Region:

Grade/Subject/Position:

Mailing address (home):

Phone numbers: Work:

Home/Cell:

*Please give the dates, location, and trainer of your **TWO** most recent Intro to CRISS workshops (only one is required; two are recommended). Each workshop is at least 12 hours; two consecutive days of one workshop should be listed as one event.*

1. Dates: Location/Trainer(s):

2. Dates: Location/Trainer(s):

3. In a paragraph, 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).

4. 1-2 paragraphs, 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?

READ THE FOLLOWING AND SIGN BEFORE RETURNING THIS TO CRISS

I have read the *Certified Trainer Requirements and Responsibilities*. My signature/typed name below verifies that I have met all the requirements and agreed to all the responsibilities. I understand that I must complete all 28+ hours of the 4-day training, that I should bring my purple 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 submit a self-reflection after leading my first Introduction to Project CRISS workshop of at least 12 hours and submit a lesson plan to complete my certification requirements.

Signature/Typed Name

Date

Please return this form immediately to:

info@projectcriss.com OR Fax 406.758.6444