

Cleveland Metropolitan School District & The Diversity Center of Northeast Ohio Program Options

School _____

Principal _____

School Address _____

Contact Name _____ Phone _____

Contact's Email _____

Student Programs

ACT – Action & Awareness for Change Teams Program

Standard 6 session ACT

Session 1: General Diversity

Session 2: Socioeconomics*

Session 3: Race & Ethnicity*

Session 4: Gender*

Session 5: Ability & Disability*

Session 6: Closing

- Ally Behavior Training
- Religion
- Body Image & Stigma
- Ageism
- Immigration & Citizenship
- Cyberbullying

Number of Participants _____ (Up to 30)

*May each be exchanged for a topic listed in blue.

Educator Programs

Choose 2 sessions. Please schedule 90 to 120 minutes at your school for each session.

- Socioeconomic Simulation
- Safe Space Training
- Relational Aggression
- Foundations for Social Justice Education
- Navigating Changing Student Demographics

Number of Participants Session One _____
(20 participant minimum)

Preferred Dates _____

Number of Participants Session Two _____
(20 participant minimum)

Preferred Dates _____

*Please return completed form to programs@diversitycenterneo.org or fax to 216-752-4974