

OFFICE USE ONLY

REGION # _____

MONTH/YEAR JOINED _____

LETTER SENT _____

Oregon TBI Educational Consulting Team

Application

New, digital friendly format – You can edit in Word, save the document with your initials in the title, then email to nowatzkm@cbirt.org

Date	<i>Type here!</i>	
Name	_____	
Job Title	_____	
Degree/specialty	_____	
Organization/District	_____	
Cell Phone	_____	(for contact during seminars, only)
Work Phone	_____	Home Phone _____
Work Email	_____	Home Email _____
Work Fax	_____	Home Fax _____
Work Address	_____	Home Address _____
	_____	_____
	_____	_____

Please type any allergies, dietary restrictions or mobility concerns (for seminar planning).

What is the best way to reach you? (Highlight all that apply)	<input type="checkbox"/> Cell phone
<input type="checkbox"/> Work email	<input type="checkbox"/> Home email
<input type="checkbox"/> Work phone	<input type="checkbox"/> Home phone
<input type="checkbox"/> Work mail	<input type="checkbox"/> Home mail

Please complete the following information regarding your supervisor:	
Supervisor _____	Phone _____
Title _____	Email _____
District/Organization _____	Fax _____

TBI-Related Experience

Do you currently serve students with TBI?
Yes No
If Yes, number of students with TBI:

Have you attended any workshops or trainings related to TBI?		
Yes No		
If Yes, please list the date, name of the workshop or training, and who presented:		
Date	Workshop Name	Presenter

Do you currently have, or have you ever had, direct responsibility for students with TBI?
Yes No
If Yes, please describe:

Would you be willing to be contacted by members of the TBI Team, to share specialized knowledge pertinent to a case? (E.g., an adaptive PE teacher may be contacted for advice on activities for a student who needs adaptive PE).
Yes No
Please write a short description of the knowledge would you feel comfortable sharing with TBI Team members.

Please describe your reasons for applying. Include a statement of the skills, attitudes and abilities you bring would to the TBI Educational Consulting Team.

(Please type in the area below)

Full Name:

Date:

Signature: