



CHESTER COUNTY INTERMEDIATE UNIT

Educational Services Center, 455 Boot Road, Downingtown, PA 19335

Request for Behavior Related Workshop (2007-2008)

Person Requesting Workshop _____

School _____

Number of Participants _____

District _____

Requested Dates _____

Phone _____

Requested Times _____

Email Address: _____

Length of Workshop _____

**Administrative Signature: _____

Learning Outcomes and/or Objectives for the learner:

Consultants' Notes:

Please note. A consultant will contact you to confirm a date and time.

*Send Completed Form to:
Patti Bogart/Sharon Shoemaker/Charlie Robey
Fax: 484-237-5167*