

Request Form - Training Sessions and Presentations

- Children's Inclusion Support Services

Date: _____

Name of Child Care Program: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Contact Person: _____

CISS Resource Consultant (if applicable): _____

TYPE OF SERVICE REQUESTED:

Presentation / In-service

Display Booth

Other (please specify): _____

TOPIC / NEEDS:

Preferred date(s) and time(s): _____

Number of participants projected to attend: _____

Training to take place: Online In Person

Location of training session/ presentation: _____

Identify program group: infant preschool
 toddler school age all

CISS will need at least one month's notice in order to consider this request.

Priority will be given to child care programs who already include a child who receives CISS supports.

If you have questions or require additional information, please contact the Training and Resource Coordinator by e-mail at ciss-sije@afchildrensservices.ca or by phone at 613-736-1913 ext. 284.

Please forward to:

Training and Resource Coordinator
Children's Inclusion Support Services
600 – 700 Industrial Avenue
Ottawa, Ontario K1G 0Y9

ciss-sije@afchildrensservices.ca

Tel.: 613-736-1913 ext. 284

Fax: 613-736-8378