

Please **INDICATE THE TRAININGS** you would like to attend **AND TOTAL** their cost in the right-hand column.

✓	TRAINING	DATE	COST	TOTAL
	It's Hard to Teach When Students Don't Listen	9/28/23	\$115	
	Writing Focused Behavior Goals to Get Real Data	10/10/23	\$30	
	Writing Focused Behavior Goals to Get Real Data	10/26/23	\$30	
	Behavior Crises: Opportunities for Positive Change	11/14/23	\$30	
	Behavior Crises: Opportunities for Positive Change	11/30/23	\$30	
	The Biology Behind Challenging Behaviors	1/09/24	\$30	
	The Biology Behind Challenging Behaviors	1/25/24	\$30	
	Life Space Crisis Intervention	1/26/24	\$145	
	The Sequence of Engagement	3/05/24	\$30	
	The Sequence of Engagement	3/21/24	\$30	
	Enhancing Academic Achievement through Engagement	4/09/24	\$30	
	Enhancing Academic Achievement through Engagement	4/25/24	\$30	
	Functional Behavior Assessment and Behavior Intervention Plans	4/23/24	\$115	
	Making Data Your Friend	5/14/24	\$30	
	Making Data Your Friend	5/30/24	\$30	
	Designing Classrooms to Support Students with Emotional Disturbance (3-Workshop Series)	9/19/23	\$250	
		10/24/23		
		12/05/23		
	PEP Institute: Trauma-Informed Care and Crisis Interventions Made Simple (2-day Training)	2/12/24	\$300	
		2/13/24		
	PEP Institute: Trauma-Informed Care and Crisis Interventions Made Simple (2-Day Training)	6/10/24	\$300	
		6/11/24		
	PEP Leadership Institute: Stepping off the Treadmill to Create Positive Change (2-Day Training)	6/17/24	\$300	
		6/18/24		
			TOTAL	



PEP Assist Training

REGISTRATION FORM

REGISTRATION INFORMATION

NAME _____

PREFERRED PHONE _____ EMAIL ADDRESS _____

SCHOOL DISTRICT AND BUILDING _____

POSITION _____ YEARS OF EXPERIENCE _____

DISABILITIES OF STUDENTS SERVED _____

STUDENT GRADE LEVEL PRESCHOOL ELEMENTARY MIDDLE HIGH SCHOOL

TO REGISTER, RETURN THE COMPLETED FORM WITH PAYMENT TO:

Pat Perkins
Positive Education Program
3100 Euclid Ave
Cleveland, OH 44115
peptrainings@pepcleve.org

TOTAL _____ Please indicate the **TOTAL COST OF ALL TRAININGS** selected as calculated.

METHOD OF PAYMENT

CHECK ENCLOSED (MAKE PAYABLE TO: POSITIVE EDUCATION PROGRAM)

CREDIT CARD MC VISA AMEX DISCOVER

CREDIT CARD NUMBER _____ EXP DATE _____/_____/_____

NAME AS IT APPEARS ON CREDIT CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____