



Training Request Form

Organization Information

Organization Name _____

Address _____
(Street Address) (City) (Zip Code) (County)

Phone# _____ Fax# _____

Organization Point of contact: _____

PLEASE CHECK THE TRAINING TOPIC(S) OF INTEREST

- ☐ Parent Training
- ☐ Working with Children with Exceptionalities
- ☐ Stress Management
- ☐ Understanding Autism Spectrum Disorder Diagnosis and Treatment
- ☐ Dealing with Difficult Behaviors
- ☐ Working with Your Child's Educator
- ☐ Becoming an Advocate for Your Child During Individualize Educational Plan (IEP) Meeting
- ☐ Social Skills & Transitions
- ☐ Other (please name a training you'd like to receive if not listed above)
- _____

Please fax, email, or mail your request form to:

Fax: (678) 868.1004

Email: Administrative@eyaeservices.org

*Mail:
P.O. Box 784
Lithonia, GA 3005*