

REGISTRATION FORM (Group)

DMRS Job Coach Training Session 1

Training is FREE, but space is limited

(Main Contact Name) _____

Will main contact person be attending? ____ Yes ____ No

Title _____ Organization _____

Address (City, State and Zip) _____

Phone _____ Fax _____ E-mail _____

Additional Staff Names: (Write on end of form if more space is needed)

Location _____ Date of training _____

ADA Accessibility Request:

____ Braille ____ Audiotape ____ Large Print ____ Disk (size _____ format _____)

____ Interpreter (____ ASL ____ PSE ____ Oral) ____ Assistive Listening Device

____ Other (please specify) _____

Also interested in attending the following additional job coach training sessions:

- Session 2 – Supported Employment History
- Session 3 – Job Analysis / Functional Assessment
- Session 4 – Task Analysis
- Session 5 – Natural Supports
- All of the above

Please contact when this information becomes available.

Additional Staff Names:

Please return to:

Job Coach Training

Center on Disability and Employment

The University of Tennessee
308 Conference Center Bldg.
Knoxville, TN 37996-4132
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