

**Abuse & Neglect of Students with Disabilities
Training Application**

Complete and return by November 20, 2001 to: Mary Katherine Easter
Program Support Technician
Office of Special Education and Student
Services
P. O. Box 2120
Richmond, Virginia 23218-2120
FAX (804) 371-8796

School Division: _____

Address: _____

Contact Person: _____ Position: _____

Telephone: _____ Fax: _____ E-mail: _____

Statement of Need and Interest (Describe the needs of the school division and community around neglect and abuse of students with disabilities. Discuss the incidence of this problem and special circumstances of the community regarding this issue.)

Statement of School Division Support List the position and number of school staff that will participate in this training (i.e. School Social Workers – 5, School Nurses – 6, Special Education Teachers – 7). Indicate any prior training by school division and include the date of that training.

Statement of Community Support List the community partners (i.e. Department of Social Services, Law Enforcement, Mental Health/Mental Retardation, parents) who will be trained as members of a multi-disciplinary/multi-agency team. Attach a letter of support from each agency head/designee identified. Letters of support must address the agencies willingness to send staff to training and to participate in follow-up activities.

Status of multi-disciplinary team in the community (Does the community have a multi-disciplinary team? If yes, which agencies are represented? Has the multi-disciplinary team been involved with cases of abuse and neglect of children with disabilities? If yes, briefly describe the team experience. Has the multi-disciplinary team participated in abuse and neglect training? If so, when?)

If selected for this training, please list three dates and times in order of preferences. Dates should be from January 2002 – June 2002.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

I support this application for training on the abuse and neglect of students with disabilities.

Superintendent's Signature _____ **Date** _____