

## CRISS Training of Trainers

June 25 – June 28, 2018

Attendance all 4 days is required.

### Location:

Washington, IL (Peoria area)

**Cost:** \$1500 per person

Additional costs for certification may apply.

**Trainer:** Dr. Debra Franciosi, Director, Master Trainer

**Min-Max participants:** 7-12

**Registration Deadlines:** May 18, 2018 for minimum;  
Closes June 6, 2018.

### How to Register:

The registration fee of \$1500 per person is payable in advance to **EL<sup>2</sup> Project CRISS**.

Please fax or mail check, money order, purchase order, or VISA/MC/AmEx information (no cash; U.S. funds only), along with registration form to:

**Project CRISS**  
**PO Box 926**  
**Kalispell, MT 59903**

Fax: **406.758.6444**  
Phone: **406.758.6440**  
Toll Free: **877.502.7477**



**Participants must complete the Candidate Information Form in addition to this form!**

Web [www.projectcriss.com](http://www.projectcriss.com)  
Email [info@projectcriss.com](mailto:info@projectcriss.com)

If you have any questions regarding the workshop content, times, or location, please contact the CRISS National Office.

**Prerequisites:** Project CRISS Training of Trainers participation requires prior attendance an Intro to CRISS workshop (within the last 3 years) and implementation of the CRISS Frameworks for Teaching and Learning with students prior to attending.

## Team Registration

School \_\_\_\_\_

District \_\_\_\_\_

District Contact \_\_\_\_\_

1. Name \_\_\_\_\_

Grade/Role \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Grade/Role \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

3. Name \_\_\_\_\_

Grade/Role \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

4. Name \_\_\_\_\_

Grade/Role \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

For certification, participants are required to attend the ENTIRE training.

Most participants will have significant evening homework to prep for presentations. Please plan accordingly.

**Daily, 8:00 AM to 5:00 PM**

Most likely, one or two days will be working lunches - order in or bring your own. Other days tbd. We will try to have food option information available.

## Individual Registration

Name \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_

Grade/Role \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Work Email \_\_\_\_\_

Home Contact Info: Phone \_\_\_\_\_

Email \_\_\_\_\_

### Payment Information

- Check or Money Order
- Purchase Order # \_\_\_\_\_ (attached)
- Credit Card payments are made via PayPal. No PayPal account is required. We will email you an invoice to be paid online through PayPal's secure system.

Name of card holder: \_\_\_\_\_

Email for credit card invoice:

\_\_\_\_\_

**No refunds issued after May 18, 2018.**

**Candidate Information Form**  
**Project CRISS Training of Trainers Workshop**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name of School District / Region: \_\_\_\_\_

Mailing address (home): \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please give the dates, location, and trainer of your Introduction to Project CRISS workshop(s). Each workshop is at least 12 hours. If one is scheduled, please indicate relevant info.*

1. Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Trainer(s): \_\_\_\_\_

2. Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Trainer(s): \_\_\_\_\_

3. In the space below, please summarize how you have been implementing CRISS—include (1) grade levels, (2) content areas, and (3) **Framework for Learning** elements and strategies. How are you coordinating with other faculty or team members in your school/district?

4. In one or two paragraphs, explain how your background and experience will help you to become an effective trainer in your district (or region if you are employed by a regional educational cooperative).

**READ THE FOLLOWING AND SIGN BEFORE RETURNING THIS TO CRISS**

I have read the *Certified Trainer Requirements and Responsibilities*. My signature below verifies that I have met all the requirements and agreed to all the responsibilities. I understand that I must attend all 28+ hours of the 4-day training, that I should bring my CRISS training manual and student samples to share, and that I will be expected to present several CRISS presentations during the workshop. In addition, I understand that research-validated CRISS implementation requires I apprentice with an experienced CRISS trainer at an *Introduction to Project CRISS* workshop of at least 12 hours (not required for certification) and I must submit a lesson plan and reflection to complete my certification requirements.

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Signature

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Date

***Please return this form immediately to:***

dfranciosi@projectcriss.com OR Fax 406.758.6444