



⑤ REQUEST FOR TRAINING
2008-2009



In order for your school to be designated No Place for Hate®, one of the following training programs must be selected and completed. Please fax this form to 303-830-1554 to get your training date on the calendar.

School Name

Contact 1 Name

E-Mail Address

Contact 2 Name

E-Mail Address

Our school selects the following training option as part of its No Place for Hate® commitment:

□ Becoming An Ally: Interrupting Name Calling and Bullying – (One Full Day) An interactive and participatory program that provides practical opportunities to engage students in exploring the harms of name-calling and bullying and to develop and practice skills to respond to incidents. (Students and/or teachers, and staff)

Students _____ Training Dates (provide 2 options) _____ Time _____
Staff _____

□ Peer Training – (Two Full Days) Provides students with the training resources to design and lead interactive programs that contribute to respectful bias-free schools and communities. (Students only)

Training Dates (provide 2 options) _____ Time: _____
No. Students: _____

□ Trickery, Trolling and Threats: Understanding and Addressing Cyberbullying – (Half or Full Day) Increases awareness about the unique features and impact of cyberbullying; provides strategies to respond effectively and fosters an increased culture of e-safety among youth. (Teachers, administrators, and student support personnel)

Half Day _____ Training Dates (provide 2 options) _____ Time: _____
Full Day _____ No. Participants: _____

Please send completed Intent Form to 1120 Lincoln Street, Suite 1301, Denver, CO 80203, or via fax to (303) 830-1554.

For more information call (303) 830-7177 ext. 238 or visit regions.ADL.org/mountain-states.