**Facilitated IEP Training Interest Form:**

**Please indicate below your interest in attending by including your name, ESU #, email, and “x” the location of your choice.**

Specific dates for training will be communicated via email by the end of January.

**LOCATION:**

* **Norfolk**
* **Omaha**
* **Kearney**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESU# \_\_\_\_\_\_\_\_**