

SEX EDUCATION/HIV PREVENTION CURRIUCLUM TRAINING REQUEST FORM

Curriculum Name: _____
(Please select either Making A Difference for middle school educators or Reducing the Risk for high school educators. For more information about these curricula, access the "Research-Based HIV Prevention Curricula Chart" at: <http://www.ade.az.gov/sa/health/hiv>.)

Print Name, position, phone number, and email address for person coordinating the training:

Name of District and School(s):

Number of training participants (must be between 10 to 20): _____

Address for training:

***Requested date and time for training:**

(1st choice) _____
 (2nd choice) _____
 (3rd choice) _____

**Trainings can be scheduled Monday through Saturday and are generally 7 hours. Please list multiple dates so that we can find a date that works for both your staff and the trainer.*

It is the school's responsibility to schedule an on-site training room and provide necessary audiovisual equipment, e.g., TV/VCR, overhead projector, whiteboard, and flipchart. Curriculum trainings are intended for educators with a basic understanding of HIV and other sexually transmitted diseases. While there are no fees for training and materials, the school administrator(s) must commit to implementing the curriculum within a year.

The educators who will be attending our on-site curriculum training have a basic understanding of HIV and other sexually transmitted diseases. Additionally, our school will implement this curriculum within the year. (Please obtain a school administrator's authorization from each participating school. If there is only one school having educators trained, then only one administrator's authorization is necessary.)

School Name	School Administrator Name (print)	School Administrator Signature	Date
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If you have questions, please contact us at Davidson.Riggs@azed.gov or 602-542-8730.
 To schedule a training, please fax this form to Attn: HIV Prevention Program Administrator;
 Agency: Arizona Department of Education; Fax: 602-364-1938.