Assistive Technology Lending Library (ATLL)
Training Request

Lending Library Location:

☐ Plummer
LD 1 &2

☐ Sierra Park
LD 4 & 5

☐ Leapwood
LD 6 & 8

☐ Wilshire Crest
LD 3 & 7

Today's Date: _____

**Training Dates: _____
1st Choice

_____
2nd Choice

_____
3rd Choice

Training Time _____ - _____
Begin Time   End Time

Training requested for:

☐ Individual   ☐ Small Group (3 – 5 persons)   ☐ Large Group _____ (Specify #)

Describe Specific Training Needed:

_____

_____

_____

Contact Information:

Person making request _____

Position _____

School Name _____

Daytime phone # _____   **Alternate phone #** _____

E-mail _____

** Please allow a minimum of three weeks notice for your training requests.
A confirmation of training will be sent by the ATLL one week in advance of the scheduled training.

6/17/11