



**Vermont I-Team**



**Vermont I-Team Request for Professional Development**

Please complete and return to Darren McIntyre: darren.mcintyre@uvm.edu  
fax: (802) 656-3636; phone:802-656-1132  
UVM CDCI, VT I-Team, 317 Mann Hall, 208 Colchester Ave., Burlington, VT 05405

**Contact Information**

Date:\_\_\_\_\_

Contact Person:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_

School District:\_\_\_\_\_ School Name:\_\_\_\_\_

School Address:\_\_\_\_\_

**Training Information**

Please indicate the content of the training/professional development being requested from the I-Team:

\_\_\_\_\_  
\_\_\_\_\_

Who is likely to attend? (e.g. general educators, special educators, related service providers, family members, administrators, instructional assistants):

\_\_\_\_\_  
\_\_\_\_\_

Number attending:\_\_\_\_\_ Proposed Date and Time:\_\_\_\_\_

Proposed Location:\_\_\_\_\_

Proposed Length of training:\_\_\_\_\_

Proposed Number of sessions/classes:\_\_\_\_\_



# Vermont I-Team



## Billing Information

Please indicate the billing contact information.

Note: Half days (up to 3.5 hours) are billed at \$450 and Full days (up to 7 hours) are billed at \$900.

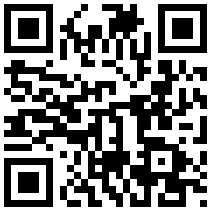
Contact Person: \_\_\_\_\_ School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Please Print LEA Name

\_\_\_\_\_  
LEA Signature and Date

\_\_\_\_\_  
I-Team Director Signature  
and Date

<p><b>I-Team Mailing Address:</b> VT I-Team, UVM CDCI, 317 Mann Hall 208 Colchester Ave. Burlington, VT 05405</p>	<p><b>Contact Numbers:</b>  Darren McIntyre, I-Team Director: 802-656-1132  Confidential Fax: 802-656-3636</p>	<p><b>For More Information</b> <small>QR Code</small></p> 
---	--	---