

Transition Outcomes Project Training Registration
JANUARY 21 – 22, 2004

Please complete and fax this registration form to Brook Charton at (501) 329-7409
by **November 21, 2003**.

School District: _____

School District Address: _____

School District Phone Number: _____

Name of Team Leader: _____
(The individual primarily responsible for secondary transition planning in the
School District)

Team Members Who Will Attend the Training:

*This training opportunity is sponsored by the Arkansas Department of Education,
SPECIAL EDUCATION UNIT*