CHILD ABUSE PREVENTION SERVICES (CAPS)

www.capsli.org

Six-Hour Training in Harassment, Bullying, Cyberbullying and Discrimination in Schools: Prevention and Intervention, for Educators and Social Workers (Dignity Act training)

This program meets the NYSED requirement for school professionals (including but not limited to classroom teachers, school counselors, school psychologists, school social workers, school administrators or supervisors, and superintendents of schools), applying for a certificate or license to complete a six hour DASA training program prior to certification. Fee is $100.

This class will be held Wednesday, April 26th, at the DeMatteis Center for Cardiac Research, 101 Northern Blvd, Greenvale, NY.

Check-in starts 8am. Bring a bag lunch & beverages. Class starts promptly 8:30am and ends at 3:00pm.

Driving directions will be emailed to you when registration/payment is received.

The coursework includes:

- Social patterns of harassment, bullying and discrimination, marginalization and microaggressions
- Identification and mitigation of harassment, bullying and discrimination
- Strategies for effectively addressing problems of exclusion, bias and aggression in educational settings

For more information: 516.621.0552, x301, info@capsli.org. Space is limited. Absolutely no walk-ins.

I will attend on (date)_____Class Start Time_____ at_____

Course Fee is $100. Cancellations within 2 business days of Workshop will result in $20 administration fee.

Fax this completed form to 516.621.3767 or scan in and email to info@capsli.org

or mail form with check payable to CAPS to

Child Abuse Prevention Services (CAPS)
PO Box 176, Roslyn, NY 11576

When payment is received, we will email you a confirmation and driving directions.

First Name_____ Last Name_____

Billing Address of card holder including town, state and zip code (needed for TEACH account too-see below)
_____

Contact phone (cell, if possible)_____

Please clearly print your Email (*We will send you a confirmation and driving directions*):
_____

We take: ***Visa MasterCard American Express***

Credit Card #_____Expiration Date_____

If taking this class for DASA Certification, New York State requires us to collect the information below to correctly input your workshop completion into your TEACH account. Please check your information at http://www.highered.nysed.gov/tcert/teach. Your name and address on this paper must match your TEACH account.

Address (if different from credit card)_____

Date of Birth: Month_____ Day _____ Year_____

Name on TEACH acct if different from above:_____

Last five (5) digits of Your Social Security # _____ _____ _____ _____ _____

If you are a social worker, are you taking this for (check one or both) _____ contact hours (you will receive a paper certificate indicating 6 CEU hours for this class) and/or _____NY State Education Certification?

If for state certification, you must have a TEACH account.