



BrainSTEPS Team Application 2024-2025

School District/BOCES:

BrainSTEPS Team Leader(s)

Name:

Date:

Profession:

Job Title:

Email address (work):

Phone number:

Address (work):

Please list current job responsibilities:

PREVIOUS TRAINING AND/OR EXPERIENCE IS NOT REQUIRED

Please list any experience you have working with students with Brain Injury:

Please summarize any previous Brain Injury Training experience:

Please write a brief statement describing your interest in serving on a BrainSTEPS CO consulting team and what you believe your contributions to the team and students might look like. Please refer to the BrainSTEPS Best Practice document.



There is an expectation that you have discussed BrainSTEPS CO with your district and building level supervisors, discussed Best Practices, and required trainings, and have been given permission to participate in trainings and team member responsibilities.

Please provide the following information for each of your supervisors, indicating agreement to the terms.

1. Name:	Title:
EMAIL:	Phone:
2. Name:	Title:
EMAIL:	Phone:
3. Name:	Title:
EMAIL:	Phone:
4. Name:	Title:
EMAIL:	Phone:

The Colorado Department of Education (CDE) BrainSTEPS CO Program coordinator will review your application. You will receive an email with additional information and registration details once your application is approved. New Team Member Training is required for all incoming members and will be held on **October 22nd and 23rd, 2024**. This application must be received by **October 1st, 2024**, to attend the October training.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

Return this completed form to:

Toni Grishman: grishman_t@cde.state.co.us

Jody Dickerson: dickerson_j@cde.state.co.us

Feel free to email Toni or Jody with any questions.

Thank you for your interest in serving students with Brain Injury!