



Oregon Program Autism Training Sites and Support

Thank you for your interest in visiting a model training site through the OrPATS Grant. To help us identify a site to best meet your needs please complete the information below based on your classroom or the classroom that you support:

1. Person Completing Request:

Name: \_\_\_\_\_ Contact Information (e-mail): \_\_\_\_\_

2. Number of Visitors: \_\_\_\_\_

3. Age/grade level of students: \_\_\_\_\_

4. Number of students in the classroom: \_\_\_\_\_

5. Number of staff in the classroom (Teacher and Educational Assistants): \_\_\_\_\_

6. Have visitors received previous training from OrPATS?  Yes  No

7. If yes, please provide details:

Any Additional Information: