

Rosalind Wiseman

P.O. Box 11263 Washington, DC 20008-9998 | t: 202.387.7949 | f: 202.330.5131 | www.rosalindwiseman.com

Owning Up™ Registration & Application

REGISTRATION INFORMATION

Name: _____ Date: _____

School/Organization: _____

Personal Phone: _____ Work Phone: _____

Address: _____

Is this address: WORK HOME (Circle one.)

Email: _____

Position & job responsibilities: _____

Which training program/dates are you applying for? _____

How did you hear about this training? _____

If you are applying for recertification, is there a particular topic(s) you would like reviewed during the training? If yes, please describe _____

APPLICATION QUESTIONS

On a separate sheet of paper, please answer the following questions:

1. What are three attributes or areas of expertise you possess that you believe would contribute most to the other participants' training experience?
2. What are three things you would like to get out of this training?
3. What are the first words that come to mind that describe your community and children you work with?
4. Who presents you the biggest challenge to work with? Children, parents, other teachers and other school staff, administrators? Why?
5. What makes you love your job?
6. What are the mechanisms to report bullying in your school? What are the strengths and weaknesses of this process?

Thank you for taking the time to complete this application. Please return it to us via fax or mail using the contact information above. We look forward to working with you!