

Fax #: 651.345.2215

### JMC Training Request Form

Please fill out the following form and fax it to us. The more dates you put down as "Possible Training Dates," the easier it will be for us to fit your training request into our schedule.

Your name: \_\_\_\_\_

School: \_\_\_\_\_

Phone # \_\_\_\_\_

Training requested:

Web Training

- Have you reviewed the Web Training info sheet?  Yes  No
- Has anyone at your school conducted a remote support session with a JMC representative previously?  Yes  No

JMC Home Office Training

Please list possible dates and times you would like to request training:

1<sup>st</sup> Choice: Date \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Date \_\_\_\_\_ Time \_\_\_\_\_

3<sup>rd</sup> Choice: Date \_\_\_\_\_ Time \_\_\_\_\_

4<sup>th</sup> Choice: Date \_\_\_\_\_ Time \_\_\_\_\_

How many people will be attending? \_\_\_\_\_

What topics/modules would you like covered during the training?

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Standards and Benchmarks | <input type="checkbox"/> Period Attendance |  |
| <input type="checkbox"/> Schedules  | <input type="checkbox"/> Health                   | <input type="checkbox"/> Lunch             | <input type="checkbox"/> State Reporting |
| <input type="checkbox"/> Grades     | <input type="checkbox"/> Discipline               | <input type="checkbox"/> Other _____       |  |

Please list any information you would like us to note in regards to what you would like covered, i.e. "We have a new office professional" or "We are using a new JMC module for the first time."