

L.E.A.D. Instructor Information Sheet

INSTRUCTIONS: Printing legibly, please complete this form and return it to your training L.E.A.D.er. <u>The completion of this form is necessary to ensure your certification as a L.E.A.D. Certified Instructor.</u> An information sheet needs to be submitted for <u>each L.E.A.D.</u> training completed.

PERSONAL INFORMATION

Rank/Title:	First Name:
Middle Initial:	Last Name:
Cell Phone #:	E-Mail:

Birthdate:	Gender:
/ /	□ Male □ Female
month day year	
Date began policing or teaching:	Date began with current agency:
/ /	/ /
month day year	month day year
Highest degree earned:	Race/Ethnicity (optional):
☐High school	American Indian or Alaska Native
	☐ Black or African American
Ph.D. Other	Hispanic or Latino
	White or Caucasian

AGENCY INFORMATION

Agency Name:		
Address of L.E.A.D. Unit:		
City:	County:	
State:	Direct Phone #:	
Zip Code:	Fax #:	
Agency's Chief Executive (e.g., Police Chief, Sheriff, School Superintendent)		
Name:	E-mail:	

TRAINING INFORMATION

Location of Training:					
L.E.A.D. Instructor:					
Date of Training:	Month	/	Dev	/	Veer
	Month	•	Day		Year

Type of Training:	
l ype of framing.	1-day K-8 Too Good for Drugs/Too Good for Violence K-8
	1-day HS Too Good for Drugs/Too Good for Violence
	5-Day K-12 Too for Drugs/Too Good for Violence
	L.E.A.D.er Training

Is this the first time your agency will implement the L.E.A.D. program? YES NO

SCHOOL INFORMATION

School Name:	
Address of School:	
City:	County:
State:	Direct Phone:
Zip Code:	Fax #:
Principal:	E-mail:
Grade (s) teaching:	Grade (s) of curriculum using:

If Teaching in multiple schools please complete the following.

SCHOOL INFORMATION

School Name:	
Address of School:	
City:	County:
State:	Direct Phone:
Zip Code:	Fax #:
Principal:	E-mail:
Grade (s) teaching:	Grade (s) of curriculum using:

SCHOOL INFORMATION

School Name:	
Address of School:	
City:	County:
State:	Direct Phone:
Zip Code:	Fax #:
Principal:	E-mail:
Grade (s) teaching:	Grade (s) of curriculum using: