**Site Training Schedule Request Form**

**(2018-2019 School Year)**

School:

In a continuing effort to assist your school, the Information Technology Department is available to conduct onsite training on an as needed basis. If you have staff members in need of training, complete the form below and return it to Information Technology via fax at 603-6498 or email.

*Select your preferred training date:*

|  |  |
| --- | --- |
| 1st |  |
| 2nd |  |
| 3rd |  |

*Select your preferred training time:*

*8:00 a.m. -11:30 a.m.* *12:30p.m. – 3:00 p.m.*

*Other:*

*Type of training requested (check all that apply):*

WebGradeBook (Teachers) Attendance

Student Master Discipline

Scheduling Grades

Transcripts SBLC

Communications (JCall) Document Archive System

|  |  |
| --- | --- |
| Number of Attendees |  |
| Location (lab, classroom, library, etc.) |  |

*School Contact Person:*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone # |  |

*Comments:*

|  |
| --- |
|  |

***For IT use only:***

|  |  |
| --- | --- |
| Scheduled Training Date: |  |
| Assigned IT Staff: |  |

**Routing:** ⬩*School Principal* ⬩*Contact Person* ⬩*System Design Manager*