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| Name of Primary Contact: | Date of Request: |
| Agency Name: | |
| Phone: | Email: |
| Address for presentation: | |
| Proposed date and time: | |

Description of the Situation – Who the agency is, what they do, the topic they want covered.

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**Details.**

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| Hours: | Number of participants: | | Age group: |
| Is a PowerPoint needed? Yes/No | | *If yes,* do they have projector: | |

**Is this topic likely to cause distress?** Yes  No

Please provide details, if they have internal supports and how many Skylight facilitators are needed.

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**Are there resources needed on the day?** Yes  No

If yes, please provide brief details on what resources they may want.

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**Would a follow up be needed?**  Yes  No   
Please provide details if so.

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If yes, do you have a current safety plan? Yes  No

**Skylight presentations have a cost, is the agency covering this, please provide funding details.**

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**Anything else we need to know?**

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