|  |  |
| --- | --- |
| 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.

|  |
| --- |
|  |

**Details.**

|  |  |  |
| --- | --- | --- |
| 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.

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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.**

|  |
| --- |
|  |

**Anything else we need to know?**

|  |
| --- |
|  |