A CAPER INITIATIVE

Request Form

Workforce Readiness Presentation

1. **Select Presentation Date:** Choose a school day (except Tuesdays) between October and May. Confirm with presenter Brenda Flippo at 804-690-0090 or Brendaflippo@gmail.com ***before*** sending this form.

   Confirmed date: _____

2. **Complete the following information:**

   School_____

   Contact Person_____

   Phone #:_____**E-Mail:** _____

   Number of students to be involved: _____

   Type of Students: _____
   (Ex. - Juniors, Seniors, Technology or Business classes, etc.)

   Setting for presentation: _____
   (*Ex.-classroom, café, auditorium)*

   Start time and end time: _____

   Student Preparation prior to presentation: ***(Check all that apply)***

   _____**Prepared Resume** _____**Portfolio Folder**
   _____**Received other Workforce Readiness information/instruction**

   Please check if available: ___ **Computer w/CDRom**
   ___ **Projection**

Email form to brendaflippo@gmail.com at least 2 weeks in advance.