

If you are interested in having the program, *Awareness: The Key To Friendships*, at your school or would like to refer a school to us please complete the following information and return it to Beth Austin, Disabilities Awareness State Coordinator at the address below:

School \_\_\_\_\_

School Address \_\_\_\_\_

Principal's Name \_\_\_\_\_

Other Contact Person & Title \_\_\_\_\_

School Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**The above School has been recommended by:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_ (Parent/Teacher/Therapist/Friend)

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

# AWARENESS: The Key to Friendships

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**An educational program for students that teaches understanding and sensitivity towards people with disabilities.**

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