

Workshop Request Form

DUE TO OUR LIMITED CAPACITY, TEACHERS ARE LIMITED TO 2 WORKSHOPS PER SEMESTER

Organization/School: _____ **Phone** _____ x _____

Teacher _____ **Address** _____

Email _____ **Room #** _____

****Please note: We require a projector for all presentations**

PLEASE INFORM US IF YOU HAVE CLASSES THAT HAVE MONOLINGUAL STUDENTS OR NEED LANGUAGE SUPPORT. ADDITIONALLY, IF YOU HAVE STUDENTS THAT NEED ADDITIONAL OR SPECIALIZED SUPPORT PLEASE LET US KNOW.

List of Topics

<u>Sexual Health</u>
Reproductive Anatomy
Sexually Transmitted Infections
HYPE (HIV/AIDS)
<i>* Please use HYPE Request form</i>
Barrier Methods
Birth Control Methods
Intimacy and Media Literacy
Healthy Sexuality

Workshop Request #1

Workshop Topic:	Date:	Time:

Workshop Request #2

Workshop Topic:	Date:	Time:

Please return to Community Health Coordinator- Jacqueline Nuila, 415-745-3536