



# Epilepsy Association

Serving individuals in Northeast Ohio  
with seizure disorders

Return this form to:  
e-mail: [info@epilepsyinfo.org](mailto:info@epilepsyinfo.org)  
fax: 216-579-1336  
mail: 2831 Prospect Ave  
Cleveland, OH 44115

## Community Education Request Form

Name of location: \_\_\_\_\_

Address of location: \_\_\_\_\_

Phone of location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**1. What prompted you to request epilepsy education?**

- \_\_\_\_\_ In need of information about how to respond to a seizure
- \_\_\_\_\_ Have persons with epilepsy at agency, organization, business, group home, etc.
- \_\_\_\_\_ Educational need within agency, organization, business, group home, etc.
- \_\_\_\_\_ Other (please indicate): \_\_\_\_\_

**2. Number of persons with epilepsy at agency, organization, business, group home, etc. (if known):** \_\_\_\_\_

**3. Who will this in-service primarily be for?** \_\_\_\_\_ Children \_\_\_\_\_ Teens \_\_\_\_\_ Adults \_\_\_\_\_ Seniors \_\_\_\_\_ All ages  
Approximately how many people will be attending? \_\_\_\_\_

**4. How much time is available for the education in-service?** \_\_\_\_\_  
(Typically a general epilepsy education in-service runs approximately 30-40mins)

**5. When would you like our agency to provide the education in-service (please indicate date and time)?**  
1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

**6. What types of video equipment do you have available?**  
\_\_\_\_\_ TV \_\_\_\_\_ DVD player \_\_\_\_\_ VCR player \_\_\_\_\_ Other: \_\_\_\_\_

**7. Additional Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR TIME AND WE LOOK**

**FORWARD TO WORKING WITH YOU!!!**