



Central Intermediate Unit #10 Request for Services

Requester Information		
Date of Request:	Name & Title: Kristen Scheel GSD Special Ed Director	Organization (District/School/Agency): Glendale ASD
4-1-26	Phone: (814) 687-5038	Email: kscheel@gsd1.org
Request Taken By: Jess Ketrner		
Requested Service		
Name/Topic of Request: Safety Care Recertification Course		
Role(s) of Participants <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Paraprofessional <input checked="" type="checkbox"/> Administrator <input type="checkbox"/> Other:		
Anticipated Number of Participants: up to 28 participants		
Date(s) of Training: June 1, 2026		
Start Time(s): 8:00 am		End Time(s): 3:30 pm 3:15 pm
Location/Room(s): Glendale		
Equipment to be provided by district: (AV Equipment, copies, tables etc.) Classroom setting, mat if not carpeted		
Additional Notes:		
Request for Specific Consultant(s):		
ACT 48 to be processed by: <input type="checkbox"/> CIU #10 (Fee of \$10/attendee) OR <input checked="" type="checkbox"/> District/Entity		
Training Confirmation Information (Completed by the Intermediate Unit)		
Consultant(s) Assigned to Training: Beth Colna and Morgan Sherman / Jess Ketrner		
Email: bcolna@ciu10.org	Phone: (814) 342-0884	
Trainer Cost(s): \$1400	Additional Fees: <input type="checkbox"/> Lodging: <input type="checkbox"/> Travel: <input checked="" type="checkbox"/> Materials: \$15 per participant (28) <input type="checkbox"/> Act 48:	
Total Value: \$1820		
Amount Due: \$1820		Notes:

Requester Acknowledgements: I confirm the above information is correct
 I agree to pay the fee outline above when invoiced by the CIU #10

Kristen Scheel/Sp. Ed. Director
Name/Title

Kristen Scheel
Signature

4/2/2026
Date

ERIN CERNUKA
IU Administrator

Erin Cernuka
Signature

4/6/26
Date

Dr. Curt P. Vasas

Curt P. Vasas

4/14/26