

**Instructions For Completing
The Stressed Out Classroom:
A Stress Attack Skill
Practice Manual For Teachers**

1. **Order the Manual:** Mail a check for \$15.00 (payable to Colorado Consulting Services, Inc.) or send a completed credit card form (at the end of this document) for \$15 , and we will send you the manual for the “Stressed Out Classroom Program”. Please be sure to indicate which manual you are requesting.
2. There are four sections to this manual. Each section addresses a different cause for stress or distress in your classroom. Section One deals with the frustration cause. Section Two with the boredom cause. Section Three with the unappreciation cause. Section Four with the change cause. Each section contains ten skill activities [40 skill activities in total.] Please read these sections with an eye to how you might apply the activities to your work in the school, classroom or home. Please note that pages 1-13 in the manual are intentionally excluded. These pages dealt with background information which was deemed unnecessary to the completion of the required manual assignments.
3. In order to earn three semester hours of graduate credit, all you have to do is select five of the forty activities from any of the sections (you do not have to select from all four sections – you could, for example, select five activities from only one section) for special consideration and analysis towards your work in helping students.
4. Once you have selected the five activities for consideration, answer the three questions listed below. The same three questions should be used to analyze the potential benefits to you in the classroom, school or home for each of the five activities selected by you.

Question One: How would using this activity help you become more successful in meeting the learning or emotional needs of kids you are teaching right now? (P.S. - If you are not in a classroom right now, apply this question to previous classroom circumstances you’ve encountered or to an ongoing learning challenge with one of your own kids at home now.)

Question Two: How would you modify or adapt this activity to make it fit the guidelines, rules, standards, constraints, and pressures you are currently being asked to face in your classroom and school. (P.S. – If you currently are not teaching, apply this question to an important constraint at home or in the office which would make

the activity harder to do with one of your own kids or with a work colleague.)

- Question Three: Describe two or three kids you are currently working with or have worked with in the past, who you believe would greatly benefit from this activity. Please be specific about why and how you think these kids would be helped. (P.S. – If you are currently not in a classroom, choose from prior classroom experiences or your work as a parent with your own kids.)
5. Please type your responses for each activity in a clearly readable format. Double-spaced is fine. Suggested length: One to two pages maximum for each of the five activities chosen. If you've only written a paragraph or two for an activity response, you've written way too much.
 6. Fill out the enclosed course registration form. Payment can be made by check or credit card (MC/VISA). Please make checks payable to **Colorado Consulting Services, Inc.** The amount is **\$405.00**
 7. Mail your completed work along with your registration and payment to:
Dr. Jay Wissot
5320 E. Dakota Ave
Denver, Colorado 80246
 8. The course number and title which will be listed on your transcript is:
TED 5000 – Containing the Stress which Contaminates Classrooms
 9. Please call **(303) 393-1622** if you should have any questions about these directions or about course registration / payment.
 10. SPECIAL NOTE: Please do not be concerned that your manual reads The Class Stress Clinic and not The Stressed Out Classroom. We have not yet made the change on the manual cover to reflect the new course title we are now using with the University of Colorado at Denver.

University of Colorado at Denver and Health Sciences Center, School of Education & Human Development

Continuing and Professional Education Registration Form

YEAR: _____ TERM: _____

Last Name	First Name	Middle Initial	Former Name, if applicable
Student ID # <i>(leave BLANK if not known)</i>	Date of Birth	Daytime Phone	Employer
Mailing Address	City	State	Zip
EMAIL Address <i>(required)</i>			

Ethnic Origin

- American Indian or Alaska Native
 Asian or Pacific Islander
 White, not of Hispanic origin
 Black, not of Hispanic origin
 Hispanic
 Other

Citizenship

- U.S. Citizen
 Non-U.S. Citizen
 Country of Citizenship _____
 Visa Type _____

Gender

- Female Male

ALL APPLICANTS: ANSWER ALL QUESTIONS

- Do you have a high school diploma? Yes _____ No _____
- Do you have a college degree? Yes _____ No _____ If yes, please indicate College/University: _____ Degree: _____ Date: _____
- **Have you ever enrolled for credit courses at ANY campus of the University of Colorado (including Continuing Education/Extended Studies)?** Yes _____ No _____
 If yes, at which campus? _____
- If you are a male born after December 31, 1959, the following selective service question must be answered to comply with Colorado state law: Are you registered with the U.S. Selective Service? Yes _____ No _____
- Have you ever been convicted of a felony? Yes _____ No _____
- Have you been admitted to a program in the UCDHSC School of Education? Yes _____ No _____ If yes, which program? _____

CHECK TO ADD	COURSE TITLE	COURSE PREFIX/ COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	INSTRUCTOR'S NAME	TUITION
		TED 5000			Jay Wissot	Tuition will be paid by Colorado Consulting

I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that admission to the University of Colorado as a non-degree student does not guarantee eligibility for regular degree status. If these charges are not covered by a grant or scholarship, I understand that I am responsible for these tuition fees.

Applicant's signature: _____ **Date:** _____

Completed registration forms should be collected by the Colorado Consulting and mailed to: UCDHSC School of Education & Human Development; Continuing and Professional Education; CB 106; P.O. Box 173364; Denver, CO 80217-3364. For questions, contact the Division of Continuing and Professional Education by phone: 303-556-6030; fax 303-556-6060; or email: cpe@cudenver.edu

