

ALTERNATIVE RESPONSE EXPERIENTIAL LEARNING INVOICE COUNTY _____



Host Pre-Visit Preparation and Planning

\$100.00

I have attached the following documentation:

1. Host County Event Lead: name, title and contact information
2. Participating County(ies) by Lead Contact: name, title and contact information
3. Date of planned event
4. Type of event (e.g. shadowing experience, mentoring experience, immersion event, coaching activity)



Host Cost/Full Day

\$250.00

I have attached the following documentation:

1. Host County Event Lead: name, title and contact information
2. Participant(s) by County: name and title.
3. Event Agenda (including date and time of event)
4. Any lesson learned regarding effective AREL events.
5. Event Abstract
6. Event Keyword(s)



Host Cost/Half Day

\$125.00

I have attached the following documentation:

1. Host County Event Lead: name, title and contact information
2. Participant(s) by County: name and title.
3. Event Agenda (including date and time of event)
4. Any lesson learned regarding effective AREL events.
5. Event Abstract
6. Event Keyword(s)



Participant Cost # _____ @ \$75.00/day x _____ day(s) \$ _____

I have attached the following documentation:

1. Host County Event Lead: name, title and contact information
2. Participant County Lead: name, title and contact information
3. Participant(s): name, title and contact information
4. Event Agenda (including date and time of event)
5. Response to following questions:
 - a. Type of event? (e.g. shadowing experience, mentoring experience, immersion event, coaching activity)
 - b. What was the purpose of your participation? What did you hope to achieve?
 - c. Were there any specific lessons related to the planning or hosting that should be shared with counties considering an AREL event?
 - d. How could this event –or your readiness for the event–have been improved?
 - e. Would you recommend this event to another county?
 - f. Please rate this experience on a scale of 1 – 5 (5 being the highest).

MAIL TO:

Alternative Response
Program Manager
ODJFS
50 West Town St, 6th
Columbus, Ohio 43215

TOTAL THIS INVOICE: _____

AUTHORIZED SIGNOR: _____

TITLE: _____