Los Angeles County Office of Education
Serving Students ▪ Supporting Communities ▪ Leading Educators

Head Start and Early Learning Division

Training or Technical Assistance Services Verification

For Grantee Use Only
Date Verification Received

Please Email completed form to:
HSELTrainingTeam@lacoe.edu

AGENCY NAME	
AGENCY ADDRESS (STREET NUMBER, STREET NAME, CITY, STATE AND ZIP CODE)	
FIRST AND LAST NAME OF PERSON COMPLETING VERIFICATION	TITLE
TELEPHONE NUMBER ( )	FAX NUMBER ( )
E-MAIL ADDRESS	

DATE(S) TRAINING OR TECHNICAL ASSISTANCE SERVICES WERE PROVIDED	
FIRST AND LAST NAME OF PERSON WHO PROVIDED TRAINING OR TECHNICAL ASSISTANCE SERVICES	TITLE OF PERSON

Was the desired outcome(s) that your agency developed for this training or technical assistance services met?

Outcome 1 ☐ Yes ☐ No **Outcome 2** ☐ Yes ☐ No

If "No" please explain:

Please share any ideas to enhance the quality of the training or technical assistance services that were provided:

Are there any additional follow-up services needed?

VERIFICATION SIGNATURE OF AGENCY DIRECTOR	DATE SIGNED