



**Head Start and Early Learning Division
Training/Professional Development
Request Form**

Date Received

Please Email completed form to: HSELTrainingTeam@laoe.edu

AGENCY NAME		CONTACT NAME	
TELEPHONE NUMBER		EMAIL ADDRESS	
IS THIS A CLUSTER/REGIONAL TRAINING? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT AGENCIES ARE PARTICIPATING?	
SERVICE AREA(S) <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> MTSS <input type="checkbox"/> Mental Health <input type="checkbox"/> Disabilities <input type="checkbox"/> Nutrition <input type="checkbox"/> Facilities <input type="checkbox"/> Fiscal <input type="checkbox"/> ERSEA <input type="checkbox"/> ChildPlus <input type="checkbox"/> FCE <input type="checkbox"/> Community Outreach			
WORKSHOP/TRAINING TITLE			
DATA SOURCE(S) DRIVING THIS REQUEST (EX. DATA/MONITORING REPORTS, SELF-ASSESSMENT, OBSERVED NEEDS AND TRENDS)			
Training Outcomes & Action Plans – 2 or 3 things you want your staff to know, say and/or do after the training (these will transfer to your Action Plan during the training – Example: Activity Matrix) Participants will learn, explore, practice, demonstrate...			
1.			
2.			
3.			
WHAT ARE YOUR FOLLOW-UP PLANS AFTER THIS WORKSHOP? <input type="checkbox"/> Observation <input type="checkbox"/> Coaching <input type="checkbox"/> Reflective Supervision <input type="checkbox"/> Other _____			
LACOE SUPPORT REQUESTED - HOW WOULD YOU LIKE THE LACOE TEAM TO SUPPORT YOUR TRAINING? <input type="checkbox"/> Co-creation of training content <input type="checkbox"/> Co-facilitation of training presentation <input type="checkbox"/> Other _____			
NAME OF DA CO-FACILITATOR			
Workshop/Training Logistics			
POSSIBLE DATE(S) OF TRAINING Option 1: _____ Option 2: _____			
PROGRAM OPTION <input type="checkbox"/> Center Base <input type="checkbox"/> Family Child Care <input type="checkbox"/> Home-Based		TOTAL NUMBER OF PARTICIPANTS	
PROGRAM TYPE <input type="checkbox"/> EHS <input type="checkbox"/> HS		LIST POSITION & NUMBER OF PARTICIPANTS (EX: ASSISTANT TEACHERS 24...)	
WORKSHOP FORMAT <input type="checkbox"/> One-Time Training <input type="checkbox"/> Whole Group <input type="checkbox"/> Series of Training Sessions <input type="checkbox"/> Breakout Sessions		WORKSHOP PLATFORM <input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	
Location of Training			
ADDRESS			
ROOM LAYOUT			
PARKING DETAILS			
SITE SIGN-IN DETAILS			



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Length & Time of Training	Media Available On Site	Training Materials	Knowledge & Language Needs	Elements to be Included in Training
<input type="checkbox"/> Half Day: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/> Lunch Break Duration _____ Time of Training: Start Time: _____ End Time: _____	<input type="checkbox"/> Projector <input type="checkbox"/> Speakers <input type="checkbox"/> Internet <input type="checkbox"/> Remote <input type="checkbox"/> Other:	Agency will provide: <input type="checkbox"/> Sign-in Sheet <input type="checkbox"/> Power Point <input type="checkbox"/> Pre-work <input type="checkbox"/> Hand-outs <input type="checkbox"/> Videos <input type="checkbox"/> Pre/Post Evaluation LACOE requested materials	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Translation Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Role playing <input type="checkbox"/> Hand-on Activities <input type="checkbox"/> Lecture <input type="checkbox"/> Other:

INTEGRATION OF THE FOLLOWING

☐ CLASS ☐ DRDP ☐ Assessment Tools ☐ Intentional Teaching Practices ☐ DAP
☐ ELOF ☐ Curriculums ☐ Parent, Family, Community, Engagement (PFCE) Framework

ADDITIONAL INFORMATION

SIGNATURE OF AGENCY DIRECTOR _____ DATE SIGNED _____

LACOE Use Only

☐ Requires modification (Specify) _____ ☐ Denied (Rationale) _____

ASSIGNED TRAINING PROVIDER

SERVICE AREA PROGRAM MANAGER APPROVAL

DATE SIGNED

TRAINING PROGRAM MANAGER APPROVAL

DATE SIGNED