

## Head Start and Early Learning Division Training/Professional Development Request Form Instructions Tip Sheet



### Contact Name, Telephone Number, Email Address

The contact name and contact information is the DA representative that LACOE would follow-up with regarding the Training/Professional Development Request Form.



### Is this a Cluster/Regional Training?

*Cluster:* Refers to training being provided to a combination of program options and types. Program options: CB, FCC, and HB. Program type: EHS and HS.

*Regional Training:* Training requested for two or more DA's together. Each DA will need to complete the request (*Training/Professional Development Request Form 604-636*).



### Service Area(s)

Select the service area that training/professional development is being requested for.



### Training Outcomes & Action Plans

Indicate what you want your staff to know, learn, or do differently after the training. These will transfer to your Action Plan during the training for you to follow-up after.



### LACOE Support Requested - How would you like the LACOE Team to support your training?

*Co-Creation of the training content and/or Co-facilitation of the training presentation*  
DA staff is expected to actively participate in the development of content and/or training delivery.

*Other:* LACOE representation (To be present to offer support or any clarification to DA).



### Parking Details and Site Sign-in Details

Any logistical information regarding the training location. For example: street sweeper happens on Tuesdays, obtain a parking permit from a parking kiosk, parking is validated at the registration office, sign-in at the registration desk (ID required), etc.



### Length & Time of Training

The time of training is in reference to when the DA is available to receive the training. When selecting the full-day option, be sure to indicate the time allowed for lunch under the *lunch break duration* blank space. For example: 1:30 p.m. - 2:00 p.m.



### Additional Information

Indicate any LACOE requested materials for the training and quantity.



### Signature of Agency Director

To ensure accurate recordkeeping please print full name and sign legibly.



### Did You Remember...

Before submitting this form, the expectation is for all boxes to be completed.

Please email the completed form to [HSELTrainingTeam@lcoe.edu](mailto:HSELTrainingTeam@lcoe.edu)