

Child/Family Services
Training Information Request Form

Requesters Name:

Date of Request:

Trainer Requested:

Program:

Title of Training:

Number of Participants:

Webinar If this is a webinar please email contact information/email Link to CFStrainingrequest@stancoe.org

Participant(s): Infant/Toddlers Preschool Home Based Family Child Care

Other

Suggested Dates of Training:

Start Time 1st choice

End Time 1st choice

Start Time 2nd choice

End Time 2nd choice

Preferred Location:

Preferred Room Name:

Seating Arrangements: Theater Classroom Pods Chairs without tables

Will a meal need to be provided Yes No If yes, which type Breakfast Lunch Dinner

Requested Caterer

Budget(s)

Note: Snacks for appropriate trainings are supplied in the snack cabinets at both H Street and DeArmond sites.

Check off any technical equipment that will need to be provided:

Screen Extension Cord LCD Projector Microphone Laptop Other

Please provide a description of the training for the flyer:

Distribution Groups RHS EHS MHS EHSCCP AB212 Participants

SCOE CFS Staff Child Care R&R Provider List Child Care R&R Community List

Other (Please provide the distribution list.)

Indicate any notes or special arrangements we should know of

A response regarding availability/reservations will be emailed to you within 3-5 business days.