

Board of Education

Bessie Hironimus
Dr. Ladd Johnson
Jeannine MacKay
Brenda J. McLaughlin
Dr. Robert W. Purvis
Pat Matthews Spear
Betty Vassar



Training Request

Person Requesting Training

Name _____
Agency _____
Address _____
City _____ Zip _____
Phone _____ Fax _____
Email: _____

Training Needs

1. Preferred Date and Time _____
2. Location of Training _____
3. Address/Zip _____
4. Number of Attendees _____
5. With what staff level is training for? *Administration Coordinator Line Staff Other*
6. With what grade level do attendees work? *Elementary School Middle School*
7. Estimated # of Children served: _____
8. In which training topics are you interested?
 - Quality Self Assessment Tool
 - Leadership/Management Training
 - Youth Development
 - Facilitation for Coordinators
 - Behavior Guidance
 - Afterschool Environments
 - LHS Math Paraprofessional Trng
 - Planning Program
 - Other _____
 - Literacy Project
 - Healthy Snacks
 - GEMS
 - CASRC
 - Including Children with Special Needs
 - School and Community Partnerships
 - After School Physical Activity
9. Would you like to request a particular trainer? _____
10. Where did you hear about Learning Support Region 2? _____
11. Is your organization 21st CCLC? ASESP? Potential?

One form per training request please.

“WHERE CHILDREN COME FIRST”