

DOÑA ANA COUNTY HEAD START TRAINING AND TECHNICAL ASSISTANCE INFORMATION

DATE: _____ LOCATION of TRAINING: _____

PROVIDER TYPE & NAME OF TRAINER: _____

TITLE OF MEETING OR TRAINING: _____

Consultant Parent DACHS Staff
 Co-op Agency _____ Other _____

R: Required
I: Improvement
E: Enrichment

INSTRUCTIONS: Check Content Area box(es), circle training method(s) - W: workshop., M: meeting., C: conference., O: other (please specify), indicate number of hours and list topic(s) below. **AGENDA MUST BE ATTACHED.**

R I E
 Admin/Mgmt/Supv. _____ hrs.
 W M C O
 T: _____

R I E
 Nutrition _____ hrs.
 W M C O
 T: _____

R I E
 Disability Service _____ hrs.
 W M C O
 T: _____

R I E
 Parent Involvement _____ hrs.
 W M C O
 T: _____

R I E
 Education _____ hrs.
 W M C O
 T: _____

R I E
 Family Services _____ hrs.
 W M C O
 T: _____

R I E
 Health _____ hrs.
 W M C O
 T: _____

R I E
 Transportation _____ hrs.
 W M C O
 T: _____

R I E
 Mental Health _____ hrs.
 W M C O
 T: _____

R I E
 Volunteer Services _____ hrs.
 W M C O
 T: _____

R I E
 Transition Services _____ hrs.
 W M C O
 T: _____

R I E
 Other (Specify) _____ hrs.
 W M C O
 T: _____

COMMENTS: _____

PREPARED BY: _____

ATTENDANCE BREAKDOWN

Admin. Staff _____
 Specialists/Managers _____
 Teaching Staff _____
 P. I. Assistants _____
 Food Service Staff _____
 Parents _____
 Program Support Staff _____
 (FOW's, N.A., Maint, Subs)
 Non Head Start _____
 TOTAL _____

FINANCIAL BREAKDOWN:

	EXPENSES	DONATIONS
FOOD	_____	_____
FEES	_____	_____
SUPPLIES	_____	_____
TRAVEL	_____	_____
OTHER	_____	_____
TOTAL:	_____	_____

SIGN-IN SHEET

Title of Meeting/Training: _____ **Center:** _____

Date of Meeting/Training: _____ **Location:** _____

Name (Nombre)	P	AD	CS	TS	FSA	PIA	O	Child's Name (Nombre de Niño)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
TOTAL								

LEGEND: **P = Parents/Relatives** **TS = Teaching Staff** **O = Other**
 AD = Admin. Staff **FSA = Food Service Attd.** **(Support Staff, Subs, Volunteers)**
 CS = Coord. Specialist **PIA = Parent Invol. Aide**