

# 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	O	Child's Name or Organization (Nombre de Niño)	Staff Use Only			
				AD	CS	TS	OCS
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
<b>TOTAL</b>							

**LEGEND:** P = Parents/Relatives  
O = Other  
(Support Staff, Subs, Volunteers)

AD = Admin. Staff  
CS = Coord. Specialist  
TS = Teaching Staff

OCS = Other Center Staff