

**California Department of Developmental Services  
EARLY START - AMERICAN RESCUE PLAN ACT (ARPA) FUNDS  
Early Intervention Provider Training Request Form**

<b>Regional Center</b>	
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<b>Name/Title of Early Invention Provider</b>	
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<b>Vendor Name</b>	
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<b>Vendor Number</b>		<b>Service Code</b>	
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<b>Training Information</b> Please mark the permissible training topic(s) you are attending.	<input type="checkbox"/> Cultural Competency and Cultural Humility
	<input type="checkbox"/> Reflective Practice and Supervision
	<input type="checkbox"/> Adverse Childhood Experiences (ACEs) and Toxic Stress
	<input type="checkbox"/> Implicit Bias
	<input type="checkbox"/> Early Childhood Inclusive Practices

<b>Training Name(s)</b>	
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<b>Training Date(s)</b>	
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<b>Cost of Training</b>		<b>Cost of Staff Time</b>		<b>Training Hours</b>	
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**PRE-SURVEY QUESTIONS**

Please complete the following survey questions.

1. What is your knowledge of the training topic(s)?

Very Little	Some	Average	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you plan to apply the training information directly to your job?

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Can DDS staff contact you in 1-2 months to see how you implemented what you learned? If yes, please write your contact information below.

Phone (Optional): \_\_\_\_\_

Email (Optional): \_\_\_\_\_

**INTERNAL USE BY REGIONAL CENTER**

**Request Approved**

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Request Denied**

Denied By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s) for Denial: \_\_\_\_\_

**Note:** Regional centers and providers are to maintain the necessary supporting documents and records to disclose fully the extent of all American Rescue Plan Act (ARPA) for Part C expenditures claimed. Such records and any other information regarding payments claimed is subject to Department request and/or audit.