

**California Department of Developmental Services**  
**EARLY START - AMERICAN RESCUE PLAN ACT (ARPA) FUNDS**  
**Early Intervention Provider Training Verification 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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**POST-SURVEY QUESTION**

Please complete the following survey questions.

1. After the training(s), how would you rate your knowledge of the topic?

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. As a result of the training, did you learn one new strategy to directly apply 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"/>

4. Please provide one example of how you might directly apply the training information to your job.

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**TRAINING VERIFICATION**

I verify that the information provided in this form is accurate and complete.

Early Intervention Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.