

Date Received _____

Session ID _____

This form is to be used by MDE program consultants to provide information for each training session. This information should be transmitted via email *one month* prior to the start of the training to stefanie.moss@state.mn.us. To ensure the form is filled out correctly; please use the tab key to advance to the next question. If you are experiencing problems filling out the form, contact Stefanie at 651/582-8696.

Name of Person filling out form – Phone number (include area code)

EMAIL ADDRESS –

TRAINER CONTACT INFORMATION

Trainer ID _____

1. Name of Trainer –
2. Street Address or PO box number –
3. City - , State - Zip code -
4. Business phone number (include area code) Email Address c

PROGRAM INFORMATION

5. **Training Program Name (Check one, and if available, select choice from adjacent drop down field)**

- | | | |
|---|--------------------------|---|
| <input checked="" type="checkbox"/> Non-SIG | <u>Module 1 or 2</u> | |
| <input type="checkbox"/> Assistive Technology | Charting the C's | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Applied Collaboration | Collaborative Strategies | <input type="checkbox"/> Low Incidence |
| <input type="checkbox"/> Diverse Learners | Prereferral Strategies | <input type="checkbox"/> IIP |
| <input type="checkbox"/> EBD | New Direction | |
| <input type="checkbox"/> Transition | CTIC | |
| <input type="checkbox"/> MIEBD | Coursework for Credit | |
| <input type="checkbox"/> Paraprofessional Project | Annual Conference | |
| <input type="checkbox"/> Parent Training | IIP | |

6. **Breakout Session Information: (only to be filled out for trainings with breakout sessions)**

- Total number of Breakout Sessions 0
- Total number of Breakout Session Surveys needed 0

7. **Start Date – _____ Number of training contact hours – _____ Number of expected participants - _____**

Please choose one of the following: 3 month follow-up survey or Other (Specify date) - _____

TRAINING LOCATION - Check applicable:

8. Minneapolis/St. Paul Suburban (7 county metro) NW – regions 1 & 2
 NE – region 3 Central – Regions 4, 5 & 7 SW – regions 6 & 8
 SE – region 9 & 10 MDE Multiple locations

DELIVERY METHOD - Check applicable:

9. Face-to-Face ITV Video Webcast
 Web-based Audio Conference Satellite Broadcast

SUMMARY STATEMENT

10. To be used with the follow-up survey to remind participants of the content of the training:
Training for facilitators for Understanding Children's Mental Health Issues and the Impact on Learning and Everyday Functioning - Module 2.