

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

Regional Center	
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Name/Title of Early Intervention Provider	
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Vendor Name	
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Vendor Number		Service Code	
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Training Information 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

Training Name(s)	
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Training Date(s)	
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Cost of Training		Cost of Staff Time		Training Hours	
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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 DDS request and/or audit.