# CCSP Training Request Form

**Instructions:** Complete all but the last two lines of this form prior to each requested, individualized training, and email it to [SOC@cde.state.co.us](mailto:SOC@cde.state.co.us) for pre-approval (CC: the Facilitator). The training will either be approved or not based on its alignment to the needs of the school, the training content, and the expertise of the presenter.

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| --- | --- |
| Name of School |  |
| Submitted by | [name of person submitting the request] |
| Year in CCSP Grant | [Start-Up, Year 2 or Year 3] |
| Technical Assistance Offering | [List the title of the Technical Assistance offering this request is intended to fulfill] |
| Specific need identified based on data or school observation |  |
| Names & Titles of individuals participating in this training |  |
| Outline of the training contents |  |
| Facilitator  (CC: on pre-approval email request) | [Who will deliver the training? Name person &/or organization] |
| Date & Time of Training |  |
| Cost | [$ Amount] |
| Grant Funds Used | [$ Amount] |
| CDE Authorization | This training was authorized/not authorized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Schools of Choice Unit on [ date ]. |
| Reflections following participation | [At least one participant should fill in this section after your training event has finished. You should reflect on what was covered, what was useful to staff/teachers/board members/administrators, and how successful the training was in meeting the specific needs identified prior to the training.] |

Following the training, the school will complete the last line and re-email the form to [SOC@cde.state.co.us](mailto:SOC@cde.state.co.us) and CC: the Facilitator. Once completion of the training has been verified, the school will be awarded technical assistance credit.