**Instructions:** Complete all but the last two lines of this form **PRIOR** to each requested, individualized training or pre-recorder webinar, and email it to [SOC@cde.state.co.us](mailto:SOC@cde.state.co.us) for **pre-approval/authorization** (copy the facilitator). The training will either be authorized or not based on its alignment to the needs of the school, the training content, and the expertise of the presenter. Once authorized and following the training, the school must complete the reflection portion of this form, re-email the form to [SOC@cde.state.co.us](mailto:SOC@cde.state.co.us) and copy the facilitator. Once completion of the training has been verified, an approved copy will be sent to the school for their records and technical assistance credit will be assigned in the CDE Schools of Choice database.

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| **Name of school** |  |
| **Submitted by:** *Name of person submitting the request.* |  |
| **Select year in Colorado Charter School Program (CCSP) grant program** | |  |  |  | | --- | --- | --- | | **Planning Year** | **Implementation Year 1** | **Implementation Year 2** | |
| **Technical assistance requirement:** *List the category (i.e. Governing Board Support) and title (i.e. Specialized Governing Board Training) of the technical assistance (TA) requirement this request is intended to fulfill.* |  |
| **Specific need/reason for training:** *Identify what data or school observation led to selecting this particular training to fulfill the school’s CCSP required TA.* |  |
| **List names and titles of all individuals participating in this training** |  |
| **Outline of the training contents:** *Attach an agenda or include an outline/description of topics to be covered.* |  |
| **Facilitator:** *Who will deliver the training (name and organization)?* |  |
| **Date and time of training:** *Include start and end time.* |  |
| **Cost:** $ amount |  |
| **Grant funds used:** $ amount |  |
| **CDE authorization:** *To be completed by CDE Schools of Choice only* | **This training was authorized/not authorized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with CDE Schools of Choice on [date] for [number] of [TA Category and Requirement] credits.** |
| **Reflection on training:** *To be completed by at least one participant following training event. If not the person submitting this form, identify who drafted the reflection. 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 on this form and prior to the training.* |  |