

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

| | |
|------------------------|--|
| Regional Center | |
|------------------------|--|

| | |
|--------------------------------------------------|--|
| Name/Title of Early Intervention Provider | |
|--------------------------------------------------|--|

| | |
|--------------------|--|
| Vendor Name | |
|--------------------|--|

| | | | |
|----------------------|--|---------------------|--|
| Vendor Number | | Service Code | |
|----------------------|--|---------------------|--|

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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) | |
|-------------------------|--|

| | |
|-------------------------|--|
| Training Date(s) | |
|-------------------------|--|

| | | | | | |
|-------------------------|--|---------------------------|--|-----------------------|--|
| Cost of Training | | Cost of Staff Time | | Training Hours | |
|-------------------------|--|---------------------------|--|-----------------------|--|

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.