

DCS Staff Training and Development

Contact information

Name		Title	
Organization		Phone	
Email			
Training need(s)	scribe the reason for your request.		
	scribe the reason for your request.		
What issue, problem, or situation will be improved as a result of receiving or participating in the training?			
Training requested Provide the title or a brief description of the training requested			
Have you/your group attended this or similar training? Yes No			
If yes, indicate your previous experience and why this training is being requested again.			
Preferred training me	ethod		
	In-person technical assistance		
□ Video conferencing □		Webinar	
	/ types, specify		
Target audience Front-line staff, managers, Workforce System leaders or partners, other			
Number of attendees			
	-		
Date(s) and time(s) o	of requested training Include	half-day full day or multiple	ave
Preferred date and time			
Alternative date and time			
Preferred training location Include type of setting			
Comments, special requests, or special accommodations			
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