

## **TRAINING PROPOSAL DESCRIPTION**

Submit one proposal description form for **each** training

Complete 1-10 legibly.

**Date (must be entered):**

**Check all that apply:**

- New Training Proposal  
 Revised (previously approved)  
 Title Change with no changes to content

Training Approval #:

(Must be included if you have a number)

1. Individual/Organization: \_\_\_\_\_

2. Name of Organization Representative: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. Training Title: \_\_\_\_\_

4. Presenter(s): \_\_\_\_\_

5. Type of Training – Select Core of Knowledge or Continued:

**CORE OF KNOWLEDGE**

**CONTINUED TRAINING**

6. Content Area and Hours Allotted: Select the content area that will identify the major focus of this training. Training must be a minimum of 2 hours to qualify as Core of Knowledge. Specify the number of hours for each content area.

Child Development

Curriculum

Health, Safety, Nutrition

Special Needs

Professionalism

Community

7. Brief description of the training that describes the content of the training, the need for the training and the benefits to the participants (Two to Three Sentences):

8. Age Group:  Infant/Toddler  Preschool  School-Age

9. Training Level  Entry (Novice)  Intermediate  \*Competent  
 \*Proficient  \*Advanced

10. \*For Competent, Proficient and Advanced level training, please include any pre-requisite knowledge participants must have in order to successfully complete training.

Submit the following information with this completed form for **each** training to <https://forms.gle/6Cd71MT1CujJPMja9>:

- Training Proposal Planning Template
- PowerPoint Presentation with Trainer Notes
- Handouts
- Assessment
- Evaluation
- Copy of Certificate Issued to Participants

For Revisions of Previously Approved Trainings:

- Description of revision made to trainings
- Supporting documentation (timeline, additional content, revised handouts, bibliography, etc)

**Incomplete training proposals will be returned**