

School Health Index (SHI) Workshop Request Form

DIRECTIONS: Please complete this form with as much information as possible pertaining to the proposed SHI workshop. Submit the form to dtrain@cdc.gov. All items below do not need to be finalized at this time. Because of the limited number available, submitting a completed form does not guarantee a workshop; please wait for CDC approval before scheduling your SHI workshop.

Date Submitted:

REQUESTER INFORMATION

Requester's Name:

Requester's E-mail Address:

Requester's Phone Number:

Will the requester also be the site coordinator, i.e., the person who will work with the trainer to make workshop arrangements?

Yes

No. If no, please indicate name and contact information of site coordinator:

Host Organization:

Event or Conference Name:

If applicable, please list any funding your organization receives from the CDC (e.g., DASH, Steps to a Healthier US, DNPAO):

PROPOSED WORKSHOP INFORMATION

SHI Trainer Name (if known):

Location of Workshop:

Expected Date of Workshop:

Length (e.g., 4 hours, 8 hours) and Time (e.g., 9:00-1:00) of Workshop*:

**Refer to D-Train FAQs for guidance on how to determine the length of the workshop.*

Target Audience (e.g., health/PE teachers, school nurses, school administrators, state/local agency staff, district coordinators, university professionals):

Expected Number of Participants (approximately):

Generally speaking, will most participants be attending the workshop with teams of individuals from their school or district?

Yes

No

Generally speaking, how familiar will most participants be with the School Health Index?

Not familiar at all

Somewhat familiar

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- Very familiar
- Most participants have used it before

Is there any information about school health in your state/district/school that we should know (e.g., school health funding or policies/requirements for health education, physical education, competitive foods)?

How did you hear about this opportunity?

- Listserv announcement, please specify:
- Colleagues, please specify:
- CDC staff, please specify:
- SHI trainer, please specify:
- Other, please specify:

FOR INTERNAL OFFICE USE ONLY

Action Taken: Approved Not Approved
Approved By: Date Approved:

