# Training Workshop Request

**Instructions**: Use this form as a starting point for your development efforts. Customize this form, adding relevant information as appropriate or removing information that does not apply to your situation.

***User Directions:*** This form is intended to be completed by the trainer when planning an event in conjunction with a workshop coordinator. Complete the form before your training event and submit to your coordinator.

## Event Details

Workshop Coordinator Name: [INSERT NAME]

Trainer Name: [INSERT NAME]

Date Submitted: [INSERT Date]

Event Title: [INSERT title] Duration (e.g., ½ day; 8 hours): [INSERT duration]

Start Time: [INSERT time] End Time: [INSERT time]

Purpose (Indicate why this workshop is being requested. For example, new focus, training gaps, new curriculum, mandate for districts): [INSERT text]

Preferred Dates:

1st Choice: [INSERT Date]

2nd Choice: [INSERT Date]

3rd Choice: [INSERT Date]

4th Choice: [INSERT Date]

## Target Audience Demographics

1. Select anticipated audience members and the approximate number anticipated.

| Check Box | Demographic | Number |
| --- | --- | --- |
| [ ]  | Community businesses | [INSERT number] |
| [ ]  | Curriculum coordinators | [INSERT number] |
| [ ]  | Health teachers | [INSERT number] |
| [ ]  | Parents | [INSERT number] |
| [ ]  | Physical education coordinators | [INSERT number] |
| [ ]  | Physical education teachers | [INSERT number] |
| [ ]  | School administrators | [INSERT number] |
| [ ]  | School board members | [INSERT number] |
| [ ]  | School nurses | [INSERT number] |
| [ ]  | State/district health staff | [INSERT number] |
| [ ]  | State/local agency staff | [INSERT number] |
| [ ]  | Students | [INSERT number] |
| [ ]  | Superintendents | [INSERT number] |
| [ ]  | University professionals | [INSERT number] |
| [ ]  | Other (Please describe.) | [INSERT number] |

1. Select anticipated experience and exposure to training content.

|  |  |
| --- | --- |
| Experience | Exposure |
| How many anticipated participants have previously attended a workshop or used a CDC Training Tools for Health Schools tool (e.g., SHI, SHG, HECAT, PECAT)? | [indicate none, some, most, all, don’t know, or n/a] |
| Will most anticipated participants attend with teams from their schools or districts? | [indicate none, some, most, all, don’t know, or n/a] |
| How many of the anticipated participants’ districts or schools have a physical education or health education curriculum?  | [indicate none, some, most, all, don’t know, or n/a] |
| Does your state/district/school have any physical education or health education curriculum requirements? | [indicate none, some, most, all, don’t know, or n/a] |
| Does your state/district/school have any physical education or health education standards based on national standards? | [indicate none, some, most, all, don’t know, or n/a] |

1. Please describe anything else about physical education or health education in your state/district/school that we should be aware of.

## Site Planning

### Equipment

What equipment will be available at the training location?

| Check Box | Equipment |
| --- | --- |
| [ ]  | Internet access |
| [ ]  | Screen(s) |
| [ ]  | Projector |
| [ ]  | DVD/video capability |
| [ ]  | Computers (Need data loaded? Passwords?) |
| [ ]  | Remote clicker  |
| [ ]  | Extra batteries |
| [ ]  | Other? (Please describe.) |

### Location and Logistics

1. What recommended hotels are located near the training location? Indicate hotel names and distance from the training location.
2. What transportation is available to and from the airport? Indicate shuttle, rental car, taxi, or other mode of transportation.
3. Will meeting materials and supplies be set up in the room or available prior to the training event (e.g., flip charts, markers, name tents, index cards, sticky notes, etc.)?
4. What supplies need to be ordered?
5. Is there space to store materials at the training location? If shipped, will you inspect packages for damage?
6. Is there an on-site courier to pick up boxes after the training? If yes, indicate pickup time and drop-off location.
7. What is the shipping address for materials?

Location: [INSERT location]

Address: [INSERT STREET ADDRESS]

City: [INSERT CITY] State: [INSERT STATE] Zip: [INSERT ZIP CODE]

### Room Setup and Breakdown

1. Is the facility available the day before for setup?. Indicate hours of operation or specific time for setup.
2. What is the room setup or configuration (e.g., auditorium, classroom, computer lab, conference boardroom, group rounds, open “U” shape)? Indicate number of tables and chairs needed.
3. Are there specific security requirements to gain access to the facility? Submit an attendance roster, if needed.
4. Will food be provided? Review the agenda to determine if there is enough time for refreshments or a working lunch. Indicate start and end times for lunch.