

Health Education Curriculum Analysis Tool (HECAT) Workshop Request Form

DIRECTIONS: Please complete this form with as much information as possible pertaining to the proposed HECAT 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 HECAT workshop.

Date Submitted:

REQUESTER INFORMATION

Requester's Name:

Requester's Email 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

HECAT 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., curriculum coordinators, health teachers, school administrators, state/local agency staff, district health/PE coordinators, university professionals, PE teachers,):

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 *Health Education Curriculum Analysis Tool*?

- Not familiar at all
- Somewhat familiar
- Most have participated in a HECAT workshop before
- Very familiar
- Most participants have used it before

Among the districts/schools your participants come from, how many have a health education curriculum?

- None
- Some
- Most
- All
- Don't know

Does your state/district/school have any health education curriculum requirements?

- Yes. If yes, please specify:
- No
- Don't know

Does your state/district have health education standards?

- Yes. If yes, are they based on the national health education standards?
- No
- Don't know

Is there any additional information about health education in your state/district/school that we should know (e.g., number of required courses, linkages to Coordinated School Health Activities, additional funding received)?

How did you hear about this opportunity?

- Listserv announcement, please specify:
- Colleagues, please specify:
- CDC staff, please specify:
- HECAT trainer, please specify:
- Alliance for a Healthier Generation
- Other, please specify:

FOR INTERNAL OFFICE USE ONLY

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