

## Professional Development Module Series Intervene Before Reacting...

## TRAINING REQUEST

Date:				
Name of Child Ca (Please complete one to	are Centre: raining request form per sit	e)		
Address:			_	
Director:			_	
Phone Number:			_	
Email Address:			_	
			a collaborative team approach. It is ding the Director, participate.	=
	I 4 are three hour se	moving to the second nessions.	module and so on.	
Module 2 - Dy Module 3 - Re	esponding with Hea	Effective Structure and T rt: Building Trusting Rel		
Are you receiving	g supports from:	Children's Inclusion Su Positive Outcomes Pro		
If yes, please ide	ntify who is/are you			
Consultant(s):				
Please identify w Infant, # of partic Toddler, # of part Nursery School,	ipants ticipants	School a	umber of participants:  ool, # of participants age, # of participants umber of participants	

Training to take place:	Online	In Person						
Preferred time for training:	PD day	Weeknight	Saturday					
Preferred month for training:								
Do you have a space available for training that is suitable for adults? YES NO (e.g., large room, adult sized chairs and tables, etc.)								
COMMENTS:								
CISS will need at least one month's notice in order to consider this request.								
A signed agreement stating all parties' roles and responsibilities is required to confirm training.								
CISS will provide training to a minimum group of 15-20 participants. Please be advised that we may pair up child care centres depending on the number of participants and geographical areas.								
Priority will be given to child care centres who are presently receiving CISS or POP supports.								

## Please forward to:

Training and Resource Coordinator Children's InWi gion Support Services 600 - 700 Industrial Avenue Ottawa, Ontario K1G 0Y9

ciss-sije@afchildrensservices.ca

Tel.: 613-736-1913 ext. 284 Fax: 613-736-8378

Please complete the form, save it or print it and send it to us by e-mail, mail or fax.