Child Abuse and Child Safety Awareness, Prevention, Detection, & Reporting (NAMC-CSA Courses)

Request Form for Alternate Training Delivery Method

This form is to be completed by a district or charter school wishing to provide one of the approved trainings under this topic area through an alternative delivery method other than Schoology.

|  |  |
| --- | --- |
| **District/Charter School:**  |  |
| **Specific School or Schools:***(If you would like schools to have their own course, please complete additional forms)* |  |
| **Point of Contact:** |  |
| **Phone Number:**  |  |
| **Email Address:** |  |
| **Person responsible for verifying attendance in PDMS:** |  |
| **Training Name:** |  |
| **In Person/Online (not in Schoology):** |  |
| **Timeframe:****(e.g., 8:00am- 10:00am)** |  |
| **Training Description:** |  |
| **Training Date:** |  |
| **Training Registration End Date:** |  |
| **Website (to find more information):** **(If applicable)**  |  |
| [ ]  New Request [ ] Request Renewal (e.g., provided similar training method last year) |
| **Reason for Request:** |
| **Plan for Implementation** (i.e. whole district/charter school, certain population etc., include description of the training to include attachments of syllabus, overview of content, etc.)**:**  |

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District/Charter Authorized Signature Date

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Signature of Point of Contact Date

*DOE use only below this line.*

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[ ]  Approved [ ]  Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

# of hours approved for non-academic credit:\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved By

Reason, if not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If approved, the following apply:

* DDOE will setup a separate district/charter section in PDMS.
* Everyone participating in the course MUST register in PDMS under the section set up specifically for the district/charter school.
* Attendance must be verified in PDMS by a person at the district/charter school (person identified above). Please maintain the appropriate participation documentation.
* Approval is valid for 1 school year (reason is because a new PDMS section must be setup each year).

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