

The Infant Toddler Early Intervention Training Program

Educational Service District 112

F R C Training: R E P O R T F O R M

1

Name _____ Phone _____
Agency _____ Fax _____
Agency Address _____ E-mail _____
City _____ WA ZIP _____
County _____

ATTENTION!! FRC Training Program Staff
The above information is **NEW** or has **CHANGED!**

2

I request _____ contact hours (6)* for **Year 2** from:

I request _____ contact hours (12)* for **Year 3** from:

- Workshop(s) (please check only one box)
 Conference(s)
 Training Session(s)
 Formal Coursework
 Technical Assistance/
Consultation/Mentorship

*See #2 on reverse side of this form

Title: _____

Date(s): _____

Location: _____

[Contact hours for TA/C/M are limited per year. TA from the Infant Toddler Early Intervention Program does not qualify for FRC "Year 3" contact hours.]

3

These contact hours relate to early intervention and my work as an FRC because:

4

I participated in (please check only one box):

Training sponsored by:

- Lead Agency for EIS/CICC
 Infant Toddler Early Intervention Program (ITEIP)
 A State Agency: _____
 Other: _____

6

Signatures (to be obtained prior to sending a Completed Report Form to the FRC Training Program Staff):

5

A copy of this form, or other confirmation of training was sent to the Lead Agency for Early Intervention Services in the FRC's county/geographical area.

Family Resources Coordinator (FRC) _____ Date _____ Local Lead Agency _____ Date _____

FRC Training Program, ESD 112, 2500 NE 65th Ave, Vancouver, WA 98661-6812 (360) 750-7500 ext. 236 Fax: (360) 906-1010

REPORT FORM

INSTRUCTIONS

This Report Form is intended for use by **Registered FRCs** in Washington State to report contact hours for Year 2 and Year 3.

Please use the following information and instructions to assist you in completing the Report Form:

- 1 Demographics** – Please be sure to include ***your name and complete information***. The FRC Training Program Staff appreciates all information available: Agency, Agency Address, Phone, Fax and E-mail. Additionally, ***if something is new or has changed*** – please be sure to check the box provided.

- 2 Contact Hours** – The number of contact hours are simply that – ***the number of hours you were actually “in contact” with training***. Year 2 FRCs are required to attend one of three trainings offered, plus **6** contact hours during their Year 2. Year 3 FRCs are required to have a total of **12** contact hours. For example, *a 3-hour workshop would be 3 contact hours*, or a one-day training would be the amount of time actually spent in training (*8:30 – 4:00 with a 1-hour lunch & two 15-minute breaks equals 6 contact hours*). **NOTE: The FRC Training Program Staff will not calculate.**

Type of Training Attended – Please check ***only one type of training attended*** (e.g., Workshop, Training Session, Formal Coursework, or Technical Assistance/Consultation/Mentorship, Year 2 Training). Note that, as indicated on the Report Form, contact hours for technical assistance, consultation, and mentorship are limited to 6 hours per year, and technical assistance from the Infant Toddler Early Intervention Program does not qualify for “Year 3 & Beyond” contact hours.

Specific Training Attended – The ***title*** of the training, the ***date(s)***, (***the date is critical to determine the fiscal year; [i.e., Sept 30, 2005-October 1, 2006], the hours are to be credited***) and ***location*** should also be provided. If there is insufficient space on the form – feel free to attach a description or additional information.

- 3 Relevance** – FRC training is to relate to early intervention and to the role of FRCs. Please indicate how the training in which you participated relates.

- 4 Sponsor/Conference** – Please ***check only one box*** in this section to indicate who sponsored the training or what conference you attended.

- 5 Signatures** – We ask that you ***obtain the following signatures before submitting*** the Report Form to the FRC Training Program: ***(1) FRC*** (your own, in order to confirm that all information provided by you is correct) and ***(2) Local Lead Agency*** (to assure that the appropriate individual at your local lead agency is informed and involved in communication regarding training).

- 6 COPY to the Lead Agency for Early Intervention Services** – Send a copy of this form or other confirmation of training to the Lead Agency for Early Intervention Services in your FRC county/geographic area.



Send Original Completed Report Forms to:
FRC Training Program, ESD 112, 2500 NE 65th Ave, Vancouver, WA 98661-6812
Questions? Telephone: (360) 750-7500 ext. 236 or (800) 562-1711 Fax: (360) 906-1010
