

Early Support for Infants and Toddlers
Educational Services District 112

YEAR 3 and Beyond
FRC Training: REPORT FORM

1 PLEASE PRINT

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

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

2 At least 12 hours per year are required. For tracking purposes submit in at least 1 hour increments.

Title: _____ Date(s): _____ Hours _____
 Title: _____ Date(s): _____ Hours _____
 Title: _____ Date(s): _____ Hours _____
 Title: _____ Date(s): _____ Hours _____

Total Hours _____

3 I participated in (please check only one box)

Training sponsored by: _____

 Lead Agency for EIS/CICC
 Early Support for Infants and Toddlers
 A State Agency: _____
 Other: _____

4 These contact hours relate to Early Intervention and my work as an FRC because:

5 Both Signatures: Obtain both signatures of FRC and LLA Representative prior to sending this completed report form to the FRC Training Program Staff at ESD 112.

 Local Lead Agency Signature PRINT Date

 Family Resources Coordinator Signature (FRC) Date

 Local Lead Agency Signature Date

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

A copy of this form has been sent

Early Support for Infants and Toddlers
Educational Services District 112

R E P O R T F O R M
I N S T R U C T I O N S

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

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 Specific Training & Contact Hours** – The ***title*** of the training, the ***date(s)***, (***the date is critical to determine the fiscal year; July 1, 2014- June 30, 2015, 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. The number of contact hours are simply that – ***the number of hours you were actually “in contact” with training***. 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.**
- 3 Sponsor/Conference** – Please check ***only one box*** in this section to indicate who sponsored the training or what conference you attended.
- 4 Relevance** – FRC training is to relate to early intervention and to the role of FRC’s. Please indicate how the training in which you participated relates.
- 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) 952-3537 or (800) 562-1711 Fax: (360) 906-1010