

California Department of Developmental Services
EARLY START - AMERICAN RESCUE PLAN ACT (ARPA) FUNDS
Early Intervention Provider Training Verification Form

Regional Center	
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Name/Title of Early Invention Provider	
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Vendor Name	
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Vendor Number		Service Code	
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Training Information Please mark the permissible training topic(s) you are attending.	<input type="checkbox"/> Cultural Competency and Cultural Humility
	<input type="checkbox"/> Reflective Practice and Supervision
	<input type="checkbox"/> Adverse Childhood Experiences (ACEs) and Toxic Stress
	<input type="checkbox"/> Implicit Bias
	<input type="checkbox"/> Early Childhood Inclusive Practices

Training Name(s)	
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Training Date(s)	
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POST-SURVEY QUESTION

Please complete the following survey questions.

1. After the training(s), how would you rate your knowledge of the topic?

Very Little	Some	Average	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you plan to apply the training information directly to your job?

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. As a result of the training, did you learn one new strategy to directly apply to your job?

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please provide one example of how you might directly apply the training information to your job.

TRAINING VERIFICATION

I verify that the information provided in this form is accurate and complete.

Early Intervention Provider Signature: _____ Date: _____

Note: Regional centers and providers are to maintain the necessary supporting documents and records to disclose fully the extent of all American Rescue Plan Act (ARPA) for Part C expenditures claimed. Such records and any other information regarding payments claimed is subject to Department request and/or audit.