



Training Request Form

Submit to your CREATE Contact

Name: _____ School: _____

Title of Training: _____ Name of Trainer/Presenter: _____

Number of Participants: _____ Location of Training: _____

Number of Training Sessions: _____ Date(s) of Training Sessions: _____

Length of Training (in hours): _____ Length of time needed for follow up: _____

Training Delivery Method (select one):

- Professional Learning Community
- Week Institute
- Full Day Training
- Half-Day Training
- 2-3 Hour Training
- 1 Hour Training
- Embedded (in-the-classroom) Professional Development
- Online Training

Briefly describe the training:

Briefly describe the follow up assignment for this training:

**This form will be used to create your training in ACIS so participants can register.*