

Region 1 After School Providers *Help and Support* Request Form



Email form to susanmcconnell@mcoe.us OR fax to 1-707-462-6986 (Phone calls are welcome: 467-5141)

Name:	County:	
After School Position:	Program Name/Site/District:	
Address:	Phone #:	Fax #:

Information/Support/Training Needs

Topic: Please check box(es) as they apply to your program needs.

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|---|---|
| <input type="checkbox"/> Youth Development
<input type="checkbox"/> Alignment with School Day
<input type="checkbox"/> Enrichment Activities tied to Standards
<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Recreation for Middle School
<input type="checkbox"/> Recruiting Middle School Students
<input type="checkbox"/> English Language Learners Assistance
<input type="checkbox"/> Staff Supervision and/or Coaching
<input type="checkbox"/> Healthy Snacks - Programs: ___ Ideas: ___
<input type="checkbox"/> Children with Special Needs/ Inclusion | <input type="checkbox"/> Quality Self Assessment Tool
<input type="checkbox"/> Sustainability
<input type="checkbox"/> Parent Engagement
<input type="checkbox"/> Lesson Planning
<input type="checkbox"/> Boot Camp for New Supervisors
<input type="checkbox"/> Evaluation and Program Improvement
<input type="checkbox"/> Standardized Policies, Procedure, Forms
<input type="checkbox"/> Homework Assistance
<input type="checkbox"/> Program Management
<input type="checkbox"/> Other: _____ |
|---|---|

CHECK THIS BOX IF YOU ARE REQUESTING A SITE VISIT.

Optional - complete only if you have a preference:

Preferred Trainer: _____

Location: _____ Date (give 3-4 options): _____

Estimated number of Attendees: _____

To be filled out by Regional Staff only

Staffing

Staffing Ratio (direct support to students): _____ Coaches/Leaders: _____ Other: _____	Additional Types of Support: Credentialed Teachers: _____ Volunteers: _____ Subcontractors: _____ Community Partners: _____ College Students: _____ High School Students: _____
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Organization Structure: ___ CBO ___ COE ___ School District ___ Other: _____ Funding Source: _____	School/Program Demographics: School Enrollment: _____ After School Average Attendance: _____ Grades levels program serves: _____ % of Free/Reduced Lunch: _____ % of English Language Learners: _____ Length of Time in Operation: _____
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