

Program Quality Assessment Professional Development Request Application

Requesting Facility or Legal Entity Name:

Address (street, city, county):

Is this the same location where event will be held? Yes No

If no, please indicate specific location (name, address, city, county)

Contact Name:

Contact Email:

Contact Phone:

Title of PQA PD Requested:

Anticipated number of attendees:

Criteria for PQA PD Venue (check all that are available):

Adult-sized chairs

Adult-sized tables

Adult seating and tables set up prior to assessor arrival

Adequate electrical outlets

Technology (computer and projector) available (not required)

Screen or blank wall on which to project the Power Point

Training space separate from child care space (if located in a child care center)

Adequate parking for number of people anticipated

Adult restrooms

Preferences (Please check all that apply);

Weekday Saturday Morning Afternoon Weekday Evening

Preferred date(s) and time(s):

Comments:

Return completed form to the appropriate PQA Supervisor.

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