

Inclusive Early Education Expansion Program Professional Development Alternate Training Request

Background

Pursuant to the Request for Applicant (RFA) for the Inclusive Early Education Expansion Program (IEEEP), grantees who received funding for the purposes of Professional Development are required to ensure that staff of the local education agency (LEA) and any consortium early learning and care (ELC) providers, as applicable, complete a minimum of three California Department of Education (CDE) recommended trainings over the course of the funding period (this is in addition to the required trainings). The recommended trainings must be from the following list:

- Strengthening Families
- Centers for Disease Control: Learn the Signs. Act Early
- Pyramid Model Implemented with Practice-based Coaching
- Inclusive Classroom Profile (ICP)
- Embedded Instruction Teaching Practices (California)
- Beginning Together
- California Preschool Instructional Network (Inclusion Works)
- Trauma Informed Care
- Education coursework specific to early childhood education for children with special needs
- Other: any other training program upon written submission and prior approval by the CDE

Purpose

The purpose of this form is to allow IEEEP grantees to request written approval from the CDE for an alternate training program through use of IEEEP funding.

Submittal

IEEEP grantees must complete and submit the attached *Alternative Training Request* form to IEEEP@cde.ca.gov in order to request written approval prior to incurring expenses for an alternate training program.

Response

It may take up to 30 calendar days for the CDE to review and approve or deny an *Alternative Training Request*.

IMPORTANT NOTE:

IEEEP grantees who request reimbursement for alternate trainings without prior approval of the CDE may not be reimbursed.

Inclusive Early Education Expansion Program Alternate Training Request

Part I: Local Education Agency Information

GRANTEE	ADDRESS	CITY	ZIP CODE
CONTACT PERSON	POSITION	EMAIL ADDRESS	PHONE

Part II: Reason for Alternate Training Request

Indicate the reason an alternate training(s) best meets the needs of your local education agency general and special education educators.

Part III: Alternate Training Requested

Provide a detailed description of the alternate training requested (attach training syllabus/plan if available) and how the training meets the objectives of the Inclusive Early Education Expansion Program.

Part IV: Certification

I hereby certify that the above information is true and correct to the best of my knowledge. I also agree to abide by the IEEE P grant requirements regarding the professional development requirements.

AUTHORIZED SIGNATURE:

TITLE:

DATE:

Part V: For ELCD Use Only

APPROVED

DENIED

CONSULTANT SIGNATURE:

DATE:

COMMENTS: