



FAMILY LITERACY SUPPORT NETWORK
Division for School Improvement, LACOE

Request for Training

Requesting Agency: _____ Date Submitted: _____

Address of Training location: _____

Address City Zip Code

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Do you currently offer a 4-component family literacy program?
 Yes No

Type of Training Requested: Early Childhood Ed. Parent Education Recruitment/Retention
 Adult Education Parent and Child Interactive Literacy Advocacy
 Other _____

Expected Outcomes: (List in order of priority) 1. _____ Number of Participants: _____
2. _____
3. _____

Requested Date of Training: 1st Choice: _____
2nd Choice: _____

Requested Time of Training: 1st Choice: _____
2nd Choice: _____

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Return this Form to:
Liz Guerra, Sr. Project Director, Family Literacy Support Network,
Division for School Improvement, LACOE
Fax: 562/922-6537 Email: Guerra_Liz@lacoedu