

Request for IBHS Training Approval

Please provide all information requested below. Completed form and all training materials should be submitted electronically to RA-PWIBHSDeptTrng@pa.gov.

Date Submitted: _____

ORGANIZATION PROVIDING TRAINING

Name of Organization & Contact Person	
Street Address	
City, St., Zip Code	
County	
Telephone	
E-Mail Address	

DESCRIPTION OF TRAININGS

Name of Training	
Description of Training	
Training Length in Hours	
List Any Prerequisites for Attendees	
List Training Objectives	
Outcome Measures	<input type="checkbox"/> Test or quiz <input type="checkbox"/> Other (describe):



<p>Training Category: <i>Please select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> First aid, universal precautions and safety <input type="checkbox"/> Crisis intervention, including risk management, de-escalation techniques and safety planning <input type="checkbox"/> Applied Behavior Analysis <input type="checkbox"/> Behavior management skills and coaching <input type="checkbox"/> Child and adolescent development <input type="checkbox"/> Serious emotional disturbance and other behavioral and psychosocial needs <input type="checkbox"/> Professional ethics conduct and confidentiality <input type="checkbox"/> Psychotropic medications, including common side effects <input type="checkbox"/> Documentation skills <input type="checkbox"/> System of care principles <input type="checkbox"/> Functional behavior assessment <input type="checkbox"/> Ethnic, cultural and linguistic considerations of the community served <input type="checkbox"/> Strategies and interventions for engagement, including family systems theory <input type="checkbox"/> Skills and techniques for working with families <input type="checkbox"/> Community resources and child and youth-serving systems and processes <input type="checkbox"/> Cross-systems collaboration <input type="checkbox"/> Communication and conflict resolution <input type="checkbox"/> Basic individual education plan and special education information <input type="checkbox"/> Safe use of restrictive procedures <input type="checkbox"/> Training related to job functions of staff providing services
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INSTRUCTORS/AUTHORS

Name		Credentials	
Name		Credentials	
Name		Credentials	
Name		Credentials	



TRAINING FORMAT

Please check all that apply:

- Live in-person training
- Live webcast training
- Recorded live training or webcast
- Online course
- Other:

TRAINING MATERIALS

Please list all training materials attached to this form including PowerPoints, curricula, marketing materials, quizzes or tests and links to online trainings.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____