Training Room Request and Agreement

The Training Department of HSGD has a limited number of training facilities for its use. There are other room resources available at Central Office and in our field facilities that may also be available.

If you are requesting the use of any HSGD facility, please read the following agreement, and if you accept the conditions, sign this agreement.

Training Room Agreement

1. Any training or other function of the room(s) requested will be within the letter, spirit and supportive of HSGD’s Mission Statement.

2. All training activities will adhere to HSGD Training Policies and Procedures, such as: Outline of training submitted to Training, Sign-In Sheets submitted to Training, etc.

3. If furniture is rearranged in the room(s), it will be restored to the original setup when activity is concluded. (Note: if the room arrangement has been set up for a specific request by the Training staff

4. Room(s) will be cleaned to the state of cleanliness in which the room was acquired, although it is not required to empty the trash cans. Note: vacuum cleaner is available in Training storage area.

5. Person responsible for activity will meet with a representative from Training after session to check room(s), equipment, give Sign-In Sheets, and Evaluations (if used).
Training Room Request and Agreement

HEAD START of Greater Dallas, Inc.
3954 Gannon Lane
Dallas, Texas 75237-2919

Date: ___/___/___

Person making requesting: _____________________________________________

Preferred methods to contact you:

Phone ______________________ or ________________________

Email ____________________________

Name of activity: ______________________________________________________

Date and Time of activity: ___/___/___ _______ - _______

Target audience: ______________________________________________________

Number of participants expected: _____

This activity is best suited for
☐ classroom style setup (chairs and tables)
☐ theatre style setup (chairs only)

Preferred setup of room:
☐ traditional (chairs facing forward)
☐ square (chairs facing center of room)
☐ horseshoe
☐ other _________________________________

Equipment you are requesting Training Department to provide:

_________________________________________ ____________________________

_________________________________________ ____________________________

If this training activity will be repeated or will require multiple sessions, please indicate other
dates and times on the back of this page.
Additional Dates and Times requested:

__/___/___  _______ - _______  __/___/___  _______ - _______
__/___/___  _______ - _______  __/___/___  _______ - _______
__/___/___  _______ - _______  __/___/___  _______ - _______

Do you have other needs that could require the assistance of the Head Start Training Department or Head Start Staff?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Please understand that all scheduled training sessions in Head Start facilities can be rescheduled if higher priority room needs arrive.

Please send this original to Cinithia Melton, Staff Development Coordinator, and keep a copy of this agreement for your records.

I agree to all the terms of this Request and Agreement.

___________________________________________________________________
Print Name  Signature

Document Processed:  ___/___/___  Initials:  _____

Request Response by:

Phone  ___/___/___  Note:  ________________________________

E-mail:  ___/___/___  ________________________________

Fax:  ___/___/___

Mail:  ___/___/___