Workshops completed and learning centers developed

Submit one form for each workshop you complete. If your workshop is separated into two separate sessions, complete a form for each session. If you are co-training with someone else who attended the train the trainer workshop, both names should be listed under the contacts.

E-mail to laurasands@mchsi.com or download, complete and mail to Laura Sands, 2922 37th St., Des Moines, IA 50310.

Date(s)	Name	Location	Contact(s)
Date: (Length of training) _____hours Check topics covered: ___ Policy ___Curriculum	Title of the training: Number of people trained: Put an X next to category that describes audience(s) ___CACFP home ___CACFP center ___CACFP sponsor ___Head Start Center ___Head Start home ___Head Start parent ___ISU Extension ___ Other: List below Other	Location Name Address: City State/Zip	Trainer(s) Title Phone e-mail

Learning Center Activity for *Food, Physical Activity and My World*
(complete one for each learning center activity developed

Activity description:
Describe what a child will do as a result of this activity:
List materials required:
Describe the activity.

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