



Child Abuse Prevention Council  
of Sacramento, Inc.

# Mandated Child Abuse Reporter Training Request Form

For internal use:

Date Confirmation & Handouts Sent: \_\_\_\_\_

Date Training Entered on Calendar: \_\_\_\_\_

Trainer: \_\_\_\_\_

Date request sent to trainers: \_\_\_\_\_

Date sign-in sheet printed: \_\_\_\_\_

Date of Training: \_\_\_\_\_ Time: \_\_\_\_\_  
(Start and end)

Requesting Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Training Location: \_\_\_\_\_  
(If different from Mailing Address)

Notes: \_\_\_\_\_

\_\_\_\_\_

Does the training location have a screen or white wall to project images on?  Yes or  No

Does the training location have computer and/or projector available?  Yes or  No

Approximate Number of Participants: \_\_\_\_\_

Audience: \_\_\_\_\_

Special Emphasis? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_