



## Kalamazoo Wraps Training Request Form

**Kalamazoo Wraps Mission Statement:**

**Improve the lives of youth with serious emotional disturbances (SED) and the lives of their families so that they have the opportunity to reach their full potential.**

**Please answer the following questions as completely as possible.**

**Name of person completing this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone/Email:** \_\_\_\_\_

- 1. Describe the type of training that is needed/requested.**
  
- 2. How does this training support the Kalamazoo Wraps Mission?**
  
- 3. Who should attend this training? Who is the target audience?**
  
- 4. Who will provide the training?**
  
- 5. When should the training take place?**
  
- 6. Where should the training be held? Provide ideas for possible locations.**
  
- 7. What materials are needed? Does a curriculum already exist? Attach available materials.**
  
- 8. Do you anticipate any costs associated with this training (i.e., snacks, materials, location fees)?**

Date Received: \_\_\_\_\_ Date Forwarded to Training Workgroup: \_\_\_\_\_  
Form Revised 2/08

**Return form to:**

**Rebecca Clore, Training Coordinator**  
**432 West Crosstown Parkway Kalamazoo, MI 49001**  
**Phone: 553-8110 ♦ Fax: 553-8124 ♦ rclore@kazoocmh.org**