



Name of Conference: _____

Date(s) of Conference: _____

Please complete the name of each workshop for which you are seeking approval and the name of the instructor.

			To Be Completed by ODJFS
Workshop Title	Name of Instructor	Bachelor's Degree in ECE or related field	Approved
		<input type="checkbox"/> yes <input type="checkbox"/> no	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Pre-requisite Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> yes <input type="checkbox"/> no	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Pre-requisite Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> yes <input type="checkbox"/> no	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Pre-requisite Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> yes <input type="checkbox"/> no	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Pre-requisite Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> yes <input type="checkbox"/> no	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Pre-requisite Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> yes <input type="checkbox"/> no	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Pre-requisite Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> yes <input type="checkbox"/> no	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Preschool Pre-requisite Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: The workshops listed above can be used by staff of programs participating in Step Up To Quality in order to meet the specialized training requirement after they have completed the required pre-requisite trainings.