



Bradford-Tioga Head Start, Inc



Training Plan Presenter Form

Name(s) and Title(s): _____

Area of Expertise/
Degree/Certification: _____

Experience: _____

Employer: _____

Business Address: _____

Fax: _____ Phone: _____

Training Title: _____

Training Description: _____

Training Outline (include objective): _____

Training Equipment or software needed (be specific): Laptop Y / N Projector Y / N

Special Software Requirements? _____

Other needs: _____

(For off-site trainers it would be best if they provided the files they need ahead of time so they could be scanned for viruses. Prefer not to install hardware drivers to our equipment for their devices. For trainers training at CO, their laptop computers can be connected to either display, but should use our wireless network for internet; or files can be provided ahead of time so that they can be scanned for viruses.)

Please return this form & handouts (if needed to copy) to wswingle@bradfordtiogahs.org or to Wendy Swingle, BTHS Inc. @ 5 Riverside Plaza, Blossburg, PA 16912 (fax 570-638-1425). We are requesting this information to include in our training plan.