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| **Choking Prevention Unit****Agency Training Request Form** |
| **Agency Information** |
| **Agency Name:** Click or tap here to enter text. | **Date Request Submitted:** Click or tap to enter a date. |
| **Agency Address:**  Click or tap here to enter text. | **County:** Choose an item. |
| **Contact Name:** Click or tap here to enter text. | **Contact Email:** Click or tap here to enter text. |
| **Topics Requested** |
| [ ]  **Managing Dysphagia in the Community (1 Hour)** | [ ]  **The Choking Risks of Regular Diets (30 Minutes)** |
| [ ]  **Diet Textures (45 Minutes)** | [ ]  **Liquid Consistencies (30 Minutes)** |
| [ ]  **Mealtime Supervision (30 Minutes)** | [ ]  **Mealtime Adaptive Equipment (30 Minutes)** |
| **Type of Training Requested** |
| [ ]  Virtual Training via Teams [ ]  In-Person/Onsite at Agency [ ]  In-Person with Food and/or Liquid Demonstrations |
| **Diet Texture/Liquid Consistency Demonstrations**  |
| [ ]  Video Demonstrations [ ]  Live During Training (See Below) |
|  **Training Site Information** |
| **Training Location Address:**  Click or tap here to enter text. |
| **Location Type:**  [ ]  Group Home [ ]  Day Program [ ]  Office [ ]  Other: Click or tap here to enter text. |
| **Approximate Number of Participants:**  Click or tap here to enter text. |
| **Date Options for Training (Must be submitted at least 45 days in advance of requested dates):****1:** Click or tap to enter a date. **2:** Click or tap to enter a date. **3:** Click or tap to enter a date. |
| **ONLY For Onsite Requests:** |
| **Agency to Provide:*** **Connection to Projector/Cables/Electrical outlet (if needed)**
* **For Food Demonstrations (For Diet Textures Training)**:
* Chicken (canned or cooked chicken breast)
* Liquid Condiment (mayo, gravy or chicken broth)
* Plate/Fork/Knife
* Food Processor (with access to electrical outlet)
* Blender (with access to electrical outlet)
* **For Liquid Demonstrations (For Liquid Consistencies Training)**:
* Beverage (water, juice, etc.)
* Thickening Agent (Powder Thickener or Gel Thickener)
* Cups/Spoon
* Measuring Cups/Spoons
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| **Additional Comments/Requests:** |
| Click or tap here to enter text.  |
| **For Resource Team Use ONLY:** |
| Training Assigned to: [ ]  Rachel Joan [ ]  Melissa Yearicks [ ]  Katelyn Bradley |
| Confirmed Date of Training: Click or tap here to enter text. Confirmed Time of Training: Click or tap here to enter text. |