Training Request Form

Child Nutrition Programs

Training Format:

☐ In-Person ☐ Virtual ☐ No Preference

Contact Information

School Food Authority (SFA):_____Contact Person_____

Phone: _____ Email: _____ Date of Training:_____ Number of hours:_____

Training Location(for in-person): _____

Training Information: Below are lists of our different training options. Please select one Full-Day training, or multiple Mini trainings.

Full-Day Trainings: Please Select one. These trainings are comprehensive and may take up to 4 hours.

- ○ Communications and Marketing
- ○ Farm to School/Local Procurement
- ○ Financial Management
- ○ Managing Personalities/Conflicts
- ○ Meal Pattern/Offer vs. Serve
- ○ New Manager Assistance
- ○ Production Records/Standardized Recipes
- ○ Sanitation NYS 10 Hour Course
- ○ ServSafe *Only in required counties

A La Carte (Mini Trainings): Please select multiple. These are shorter sessions that can be combined to customize your training day

- ☐ Communications and Marketing
- ☐ Culinary Basics/Knife Skills
- ☐ Evaluating Your School Meal Programs
- ☐ Farm to School
- ☐ Food Safety
- ☐ Meal Pattern for Kitchen Staff
- ☐ Offer vs. Serve/Basic Meal Pattern
- ☐ Production Records
- ☐ Standardized Recipes

If requesting Face-to-Face training, complete the fields below. All requests must have a minimum of 15 anticipated participants (with the exception of a new manager training):

Anticipated No. of Participants: _____

Anticipated Start Time: _____

Is WiFi Available? Y N

Handicapped Accessible? Y N

Requested Master Instructor:

Type of Facility: _____

Type of Equipment Available:

- ☐ Computer/Laptop
- ☐ Microphone
- ☐ Power Cord
- ☐ Projector
- ☐ Screen
- ☐ Smart Board

Comments:

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Training Request Approval

For NYSED use only

Approved by: _____ Date: _____

Staff Assigned: _____

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf(link is external), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) **mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) **fax:** (833) 256-1665 or
(202) 690-7442; or

(3) **email:** Program.Intake@usda.gov

This institution is an equal opportunity provider.

Click here for Nondiscrimination Statement translations.