



# Early Learning



## Puget Sound Educational Equity Services Information Request Form

Date of Contact: \_\_\_\_\_

Initial Contact: \_\_\_\_\_

Name of Program/District or Organization/Agency: \_\_\_\_\_

Center Contact Name/Title	Address	Phone & E-mail

**Request:**

**What type of service are you looking for (training/technical assistance/observation/coaching)?**

**Why conduct professional learning at this time?**

**What are the current initiatives in your program/organization with which equity work could align?**

**What type of racial equity/cultural competency training have occurred in the past?**

**Demographic Information:**

**# of children:**  
**# of staff:**

**Scheduling Option(s) for Professional Learning:**

**Follow Up/Next Step(s):**

