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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 | | |
| **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. | | |