



The Five Protective Factors Training /Technical Assistance Request Form

Date of Initial Contact:	City:
	Circuit:
Contact's Name:	Title:
Organization:	DCF Regional Office <input type="checkbox"/> Circuit Planning Team <input type="checkbox"/> Local Provider/Organization <input type="checkbox"/>
Email:	Phone:
Request: What topical areas do you want covered?	
Reason for Request: Knowledge of the Protective Factors? Ways to Infuse? Protective Factor Survey and Database?	
Audience: Who will be attending the event? How many? Will this be an ongoing group? How well do they know each other? Will parents/caregivers be involved? Are there any tribal affiliations? If so, what tribe(s)? Who are the customers/stakeholders involved?	
Time Frame: What are your proposed dates? Alternate dates?	
Delivery Strategies: <input type="checkbox"/> In-Person One-on-One <input type="checkbox"/> Over the phone <input type="checkbox"/> Workshop of up to half day <input type="checkbox"/> One-Day training or Workshop	<input type="checkbox"/> Multi-Day Training/Session <input type="checkbox"/> Remote (webinar/teleconference/ <input type="checkbox"/> Other (Identify)
Outcome of T/TA: Is agency leadership committed to the work that will be undertaken through the T/TA? How will this intervention make things better? How will this help meet community goals—which ones?	

Submit request to: Johana P. Hatcher, Prevention Manager
 Florida Department of Children and Families, Office of Family Safety
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