CALOCUS/LOCUS Training Request Form			
Employee Information			
* Last Name:	* Fi	rst Name:	Date:
* Agency:	* Ti	tle/Role	
* Telephone Number :()		* E-mail:	
* Do you need CALOCUS or LOCUS training? Please read and place a check in the box next to the criteria that is true for you before responding "yes" or "no."			
Yes, I need to receive training on the CALOCUS and/or LOCUS, BECAUSE:			
□ I have never completed a LOCUS/CALOCUS assessment;			
□ I have never received LOCUS/CALOCUS training; OR			
□ It has been over one year since I completed a LOCUS/CALOCUS assessment.			
If you checked <u>any</u> of the above criteria, you must attend training. Choose the type of training you will need (below), obtain appropriate signatures on this form, and deliver to your agency-designated CALOCUS/LOCUS trainer.			
No, I do not need to receive training on the CALOCUS and/or LOCUS, BECAUSE:			
□ I use the LOCUS/CALOCUS on a regular basis with my consumers; OR			
□ I have received LOCUS/CALOCUS training in the past;			
If you checked <u>any</u> of the above criteria, you may opt out of training with your supervisor's approval. Please obtain appropriate signatures on this form, and deliver to your agency-designated CALOCUS/LOCUS trainer.			
If you need training, which type do you need?			
□ I work with children, youth and families; I need CALOCUS training			
□ I work with adults; I need LOCUS training			
(Signature) Employee		Date: mm/dd/yyyy	
(Signature) Supervisor or Designated Authority		Date: mm/dd/yyyy	
(Signature) Agency-Based CALOCUS/LOCUS Traine	 er	Date: mm/dd/yyyy	
Please contact Ms. Joycelyn Alleyne of DMH Provider Relations, at Joycelyn.alleyne@dc.gov , or (202) 673-4305 if you have questions about completing this form			