

CALOCUS/LOCUS Training Request Form		
Employee Information		
* Last Name:	* First Name:	Date:
* Agency:	* Title/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.”		
<p><u> </u> Yes, I need to receive training on the CALOCUS and/or LOCUS, <u>BECAUSE</u>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have never completed a LOCUS/CALOCUS assessment; <input type="checkbox"/> I have never received LOCUS/CALOCUS training; OR <input type="checkbox"/> It has been over one year since I completed a LOCUS/CALOCUS assessment. <p>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.</p>		
<p><u> </u> No, I do not need to receive training on the CALOCUS and/or LOCUS, <u>BECAUSE</u>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I use the LOCUS/CALOCUS on a regular basis with my consumers; OR <input type="checkbox"/> I have received LOCUS/CALOCUS training in the past; <p>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.</p>		
If you need training, which type do you need?		
<ul style="list-style-type: none"> <input type="checkbox"/> I work with children, youth and families; I need CALOCUS training <input type="checkbox"/> 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 Trainer	_____ 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		