



# JOIN

Universal screening plans  
for child care programs



## Release Time Funding Form

DATE \_\_\_\_\_ NAME \_\_\_\_\_

### PROGRAM INFORMATION

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

PC: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Program ID: \_\_\_\_\_

Send completed & verified invoice to [meyernikkid@arcqe.ca](mailto:meyernikkid@arcqe.ca)

COURSE(S) ATTENDED	DATE(S) ATTENDED	# OF HOURS ATTENDED
Train the Trainer*		
ASQ-3 Orientation*		
ASQ: SE-2 Orientation*		
ASQ Virtual Info Session (With Project Coordinator)		
Professional Learning Sessions* (as approved)		
ASQ Educator Information Session*		
Direct Coach Support (ASQ Initiation, Database, & Screening)		
Reaching In... Reaching Out* (After completion of Child applicationSession)		
* These courses require the chart on page 2 to be completed.		<b>Total Hours Submitted:</b>

Verified by Director: \_\_\_\_\_  
Signature Printed Name

Verified by Coach: \_\_\_\_\_  
Signature Printed Name

Each program must retain a copy of all forms submitted should a Ministry audit occur.

Please use the attached sheet to record educators' names, certification level, course, total hours, and signature.

The sheet must be submitted with this form.

# Release Time Form

[illegible]