

Training Summary

Please complete the Training Summary and submit with the APOST Professional Development Application.

Title of Workshop

Indicate the Workshop Duration

_____ Number of hours

_____ Total Number of sessions

Indicate the expected date(s) of the workshop

***Training Goal(s)**

***Training Purpose**

****Core Competency Category(ies)**

****Core Competencies**

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***Learning Outcomes**

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***Learning Objectives**

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*** Refer to the NAA's Core Competencies for Afterschool Trainers—“Creating the Training Plan” for additional information.**

**** Refer to the Nationally Recognized Core Competencies for Afterschool and Youth Development Professionals**