

Gateways to Opportunity Registry Guest Trainer and Training Approval Application Instructions

For questions and additional information about the Gateways Registry please call 866.697.8278 or visit us at www.registry.ilgateways.com.

Introduction

Thank you for your interest in submitting a training for Gateways to Opportunity Registry approval. We applaud your commitment to providing high quality training for early care and education practitioners in Illinois.

This application should be completed by the agency sponsoring the guest trainer and training. The following instructions and attachments will help you to complete the Guest Trainer and Training Approval Application. A Guest Trainer is considered to be a trainer brought in for special trainings and events, such as keynotes or panel presentations at conferences, special professional development events, etc. If this person will be doing regularly scheduled trainings within Illinois, they would not be considered a Guest Trainer and need to go through the primary Registry-approved trainer and training approval process. If you have any questions about whether this event qualifies for a Guest Trainer/ Training status, please contact the Learning Advancement Coordinator at INCCRRA.

Definitions

Application Package – All required applications and documentation should be submitted as one complete package. A checklist is provided at the end of the application for reference.

SECTION 1 - SPONSORING AGENCY INFORMATION

Provide the Agency Name, Agency ID number (if known) and contact information for a contact person at the agency. The person listed will be the primary contact should the Gateways to Opportunity Registry staff have any questions about the application. The primary contact is also responsible for submitting all required documentation to the Registry after the training is complete.

Once your agency has a training approved, you will be issued an Agency ID number that you can use on future applications. This Agency ID number can be located in the approval letter for each training that is approved.

SECTION 2 – TRAINER INFORMATION

Registry-Approved in Another State

Check the box if this trainer is approved by a Registry in another state. Provide the state abbreviation and the Trainer ID number in that state, if known. Registry approval in another state is not required! If the trainer is Registry-approved in another state, you still need to complete this application to be considered for Gateways to Opportunity Registry approval. Knowing how many of our trainers are approved in other states will provide valuable data that may be used to inform state and national efforts.

Contact Information

Provide all of the contact information requested on the application. This information will be used to enter the trainer into our system and to contact them if needed.

SECTION 3 – TRAINING INFORMATION

Title of Training

Please submit the title of your training as you would like it to appear on the online training calendar.

Single/Multiple Session Training

Check the Single Session Training box if a participant only needs to attend one training session to complete the training. Check the Multiple Session Training box if a participant needs to attend multiple sessions in order to complete the training.

Event Date

Provide the date(s) this training will be offered. If the training is a multiple session training, provide the date of each session that will be offered. Attach additional paper or documentation if clarification needs to be made as to which dates are for which sessions.

Event Time

If you know it, provide the time this training will be offered. Again, attach additional paper if clarification is to be made between several single-session or multiple-sessions.

Number of Contact Hours of Actual Content Delivery

Report the number of hours of actual content delivery, excluding lunch and breaks. A training must have at least 1 hour of actual content delivery in order to be considered for Registry approval. *(Example: If the training will run for 4 hours with two 15 minute breaks, report 3.5 contact hours.)*

Event Location

Provide the location at which this training will be offered, including the name of the location, address, city, state, and zip code. Attach additional paper if further clarification is needed.

Target Audience

Identify the specific audience(s) the training is targeting. Check all audiences that apply.

Training is primarily targeted towards

Identify the one stage *(as per the Gateways to Opportunity Registry Stages of Training)* that best fits the focus of your training. This stage should represent the primary focus of the training content.

Content will focus on which group(s)?

Identify the groups that will benefit from the knowledge that a participant will gain from attending your training. Check all that apply.

Training Topic Areas

Check up to the top 3 topics that the training addresses. The topics are organized by categories of early childhood/child development/school-age/youth development topics and professional skills/management/leadership topics. A topic does not need to be identified in each category, but at least one topic must be identified. **Do not check more than 3 topics total.**

Gateways to Opportunity Core Content Area

Identify the number of contact hours spent in each applicable content area. You must focus on an area for a minimum of 1 hour in order to count it. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

CDA Content Area

Identify the number of contact hours spent in each applicable content area. You must focus on an area for a minimum of 1 hour in order to count it. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

Training Methods

Check all methods of instruction that you will use in this training. A variety of training methods should be used and should be sensitive to the needs of adult learners and appropriate for the content presented.

SECTION 4 – CONTENT OUTLINE / INSTRUCTIONAL PLAN

You must submit a content outline/instructional plan along with your application. Registry staff will review this outline to identify whether the training meets Registry standards for approval.

Title of Training

For reference, submit the title of your training as you indicated on the application form.

Description of Training

Provide a brief description of the training content. This description should allow prospective participants to get a sense for what they will learn in your training and will appear on the Online Training Calendar.

Time and Sequence of Agenda

Provide an agenda for your training along with specific time estimates for each part of the agenda. The sequence of events should be logical and consistent with/supportive of the objectives.

Learning Objectives

List the objectives for participants attending your training. At least one objective should be listed. The objectives should be written from the perspective of what the participant will be expected to do after completing the training (e.g. *Participants will be able to . . .*).

Assessment of Learning Objectives

Share how you will, during the course of your training, measure the participants' progress toward the objectives of the training. Some assessment techniques include observation, group discussion, testing, etc.

Copy of Evaluation Form or Registry Training Evaluation Form

All Registry-approved trainers will have access to a standardized Registry Training Evaluation Form. Trainers must either use this form (*check the box on the application*) or provide a copy of the evaluation form that will be used instead. This evaluation form should be an evaluation of the training and trainer so that participants may evaluate the effectiveness in meeting their needs. Evaluation results will provide the trainer with feedback to adapt or modify the training.

SECTION 5 – SIGNATURE

Sign and date the application if you agree to the conditions as outlined on the application.

Gateways to Opportunity Registry Guest Trainer and Training Approval Application

This application should be completed by the agency sponsoring the trainer/training.

SECTION 1 – SPONSORING AGENCY INFORMATION

Agency Name: _____ Agency ID # (if known): _____

Contact Person: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

SECTION 2 - TRAINER INFORMATION

Trainer is Registry-approved in another state. State: _____ Trainer ID: _____

Being Registry-approved in another state is not a requirement and is for demographic purposes only.

Trainer's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

This is their: Home Address Work Address

SECTION 3 - TRAINING INFORMATION

Title of Training: _____

This is a: Single Session Training Multiple Session Training

Date: _____ Time (if known): _____ to _____

Number of Contact Hours of Actual Content Delivery (excluding lunch/breaks): _____

Location: _____

Target Audience (Check all that apply):

- Center-Based Home-Based School-Age/Youth Administrators
 Parents/Relatives Trainers Family Support Staff Other _____

Training is primarily targeted towards: *(check only one)*

- | | | | | |
|---|--|---|--|---|
| <input type="radio"/> Stage 1
Participants developing basic knowledge on this training topic | <input type="radio"/> Stage 2
Participants expanding their knowledge on this training topic | <input type="radio"/> Stage 3
Participants gaining a working knowledge of this training topic <i>(application)</i> | <input type="radio"/> Stage 4
Participants refining their knowledge and skills on this training topic | <input type="radio"/> Stage 5
Participants strengthening and adapting their skills for more effective application on this training topic |
|---|--|---|--|---|

Content will focus on which group(s)? *(Check all that apply):*

- | | |
|--|--|
| <input type="radio"/> Prenatal | <input type="radio"/> Youth <i>(13-21 year olds)</i> |
| <input type="radio"/> Infants <i>(Birth through 14 months)</i> | <input type="radio"/> Parents |
| <input type="radio"/> Toddlers <i>(15 months through 23 months)</i> | <input type="radio"/> Staff |
| <input type="radio"/> Two Year Olds <i>(24 mos. through 35 mos.)</i> | <input type="radio"/> Administrative |
| <input type="radio"/> Preschool Children <i>(3 year and 4 year olds)</i> | <input type="radio"/> Other _____ |
| <input type="radio"/> School-Age Children <i>(5-12 year olds)</i> | |

Training Topic Area(s) *(Check up to the top 3 topics this training addresses):*

Early Childhood / Child Development Topics

- | | |
|---|--|
| <input type="radio"/> Child Abuse & Neglect | <input type="radio"/> Health & Safety |
| <input type="radio"/> Child Growth and Development | <input type="radio"/> Interactions with Children |
| <input type="radio"/> Curriculum – Infant/Toddler | <input type="radio"/> Learning Environments <i>(Creating or Maintaining)</i> |
| <input type="radio"/> Curriculum – Preschool | <input type="radio"/> Nutrition |
| <input type="radio"/> Curriculum – School-Age | <input type="radio"/> Observation, Evaluation & Documentation |
| <input type="radio"/> Curriculum Strategies & Methodologies | <input type="radio"/> Play |
| <input type="radio"/> Developmentally Appropriate Practice | <input type="radio"/> Research in Brain Development |
| <input type="radio"/> Early Childhood Theories | <input type="radio"/> Special Needs/Inclusion |
| <input type="radio"/> Early Literacy, Science, Math, Art or Music <i>(circle one)</i> | <input type="radio"/> Standards <i>(Program or Learning)</i> |
| <input type="radio"/> Guidance and Discipline | <input type="radio"/> Other _____ |

Professional Skills, Management and Leadership Topics

- | | |
|---|---|
| <input type="radio"/> Administration & Supervision | <input type="radio"/> Professionalism |
| <input type="radio"/> Advocacy | <input type="radio"/> Program Assessment (ERS, Accreditation, etc.) |
| <input type="radio"/> Cultural and Individual Diversity | <input type="radio"/> Program Planning and Management |
| <input type="radio"/> Family Dynamics & Relationships | <input type="radio"/> Staff Development and Training |
| <input type="radio"/> Grant Writing | <input type="radio"/> Technology |
| <input type="radio"/> Leadership | <input type="radio"/> Wellness |
| <input type="radio"/> Modeling and Mentoring | <input type="radio"/> Other _____ |

Gateways to Opportunity Core Content Area (Identify the number of hours, minimum 1, spent in each applicable area.

Total should equal number of contact hours above.):

- | | |
|---|---|
| ____ (1) Child Growth and Development | ____ (5) Teaching/Learning Interactions & Environment |
| ____ (2) Health, Safety and Nutrition | ____ (6) Family and Community Relationships |
| ____ (3) Child Observation and Assessment | ____ (7) Personal and Professional Development |
| ____ (4) Curriculum Development | |

CDA Content Area (Identify the number of hours, minimum 1, spent in each applicable area. Total should equal number of contact hours above.):

- | | |
|--------------------------------|---------------------------------------|
| ____ (1) Health & Safety | ____ (5) Program Management |
| ____ (2) Physical/Intellectual | ____ (6) Professionalism |
| ____ (3) Social/Emotional | ____ (7) Observing/Recording Behavior |
| ____ (4) Parent Relationships | ____ (8) Child Development |

Training Methods (Check all that apply):

- | | |
|--|--|
| <input type="radio"/> Audio-video w/ facilitation | <input type="radio"/> Observation of children |
| <input type="radio"/> Case studies | <input type="radio"/> Panel discussion |
| <input type="radio"/> Demonstration and practice | <input type="radio"/> Role-playing, simulations |
| <input type="radio"/> Handouts, printed materials | <input type="radio"/> Self or program assessment |
| <input type="radio"/> Hands-on activities | <input type="radio"/> Small group discussion |
| <input type="radio"/> Independent study w/ supervision | <input type="radio"/> Technical assistance |
| <input type="radio"/> Lecture | <input type="radio"/> Visual aids |
| <input type="radio"/> Materials display | <input type="radio"/> Other _____ |

SECTION 4 - CONTENT OUTLINE / INSTRUCTIONAL PLAN

A content outline or instructional plan must be submitted in addition to the Training Approval Application and must include the components listed below.

- Title of Training
- Description of Training (50-100 words)
- Time and Sequence of Agenda
- Learning Objectives
- Assessment of Learning Objectives
- Copy of Evaluation Form *or*
 - I will use the Registry Training Evaluation Form

SECTION 5 - SIGNATURE

By signing below as the contact person for the sponsoring agency, I agree that the application and accompanying documents submitted accurately reflect the training content and procedures of the training. The Guest Trainer will present the training as submitted in this application. If the Guest Trainer makes substantial changes in the content and/or procedures of the training, I will submit a new application for training approval. I will submit training sign-in sheets, evaluation summary forms (*if appropriate*) and other required information to the Registry within ten working days of training completion. I will approve training certificates for only those participants who attend the full training.

Signature: _____ Date: _____

Print Name: _____

Mail completed application to: INCCRRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Guest Trainer/Training Approval Checklist

The following required information must be submitted. Failure to complete the application entirely will result in the deferral of the application and a delay in processing time. **Please do not submit originals, as training approval application materials will not be returned.**

Enclosed

- This application, completed and signed
- Resume/Vita for Trainer
- Content Outline / Instructional Plan *(as specified in this application)*
- Copy of Evaluation Form *(if not using the standard Registry Training Evaluation Form)*