

Gateways to Opportunity Registry Distance Learning Training Approval Application Instructions

Trainer Submitted

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

Introduction

Thank you for your interest in submitting training for Gateways to Opportunity Registry approval. We applaud your commitment to providing high quality training for early care and education, school-age, and youth development practitioners in Illinois.

The following instructions and attachments will help you to complete the Distance Learning Training Approval Application (*Trainer Submitted*). If you are not yet a Registry approved trainer, you must also complete the Gateways Registry Membership Form and Registry Trainer Approval Supplement and submit them with your Application Package.

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 – TRAINER INFORMATION

Check the appropriate box to indicate whether or not you are currently a Registry approved trainer. If yes, include your Member ID number. If no, indicate that you are submitting the training with your Trainer Approval Supplement.

Provide your name, Member ID number (*leave blank if not currently a Registry approved trainer*), and current preferred address information. Your Member ID can be found on your Gateways to Opportunity Registry Membership card, or you may login to the Registry Dashboard at www.ilgateways.com. If you cannot access your ID, please call the Registry office at 866.697.8278.

The trainer listed in this section is considered the primary trainer and will be responsible for submitting the required training documentation to the Registry. If there are co-trainers for this training, see Section 3.

SECTION 2 – DISTANCE TRAINING INFORMATION

Title of Training

Please submit the title of the training in English. If this training will be listed on the online training calendar, this is the title that will appear. If the training is not in English, the Content Outline Submitted should reflect the title and description in the appropriate language.

Type of Training

Please choose how your distance learning will be presented (by Webinar, Self-Paced Online Learning Platform, Hybrid/ Cohort model or Other. If Other, please explain.) Check if this training will have a moderator or facilitator. Please indicate whether your distance learning is Self-Paced or Facilitator-Led. Indicate if the distance learning will be completed in a Single Session or Multiple Sessions. If multiple session, list the number of sessions/modules. Check if there will be technical assistance available. Please list technology requirements needed for participants.

Training Language

Check the one language in which the training will be offered. If the training will be offered in multiple languages, you may submit one application for each language in which you wish to offer the training. Please ensure the Title of Training and the Description (*on the Content Outline*) are submitted in English **and** the appropriate language so it may be listed as such on the online training calendar. If you wish to submit an already Registry-Approved training in a different language, you may use the Registry-Approved Training Amendment Form to do so.

Target Audience

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

Training is primarily targeted towards

Identify the one Level of Learning (*as per the Gateways Registry: Levels of Learning Tool*) that best fits the focus of the training content.

Content will focus on which group(s)?

Identify the groups on which the training content is focused and the groups that will benefit from the knowledge that a participant will gain from attending the training. Check all that apply.

Training Topic Area(s)

Check up to the top 3 topics 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.**

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.*)

Gateways to Opportunity Content Area(s)

Identify the number of contact hours spent in each applicable content area. An area must be a focus for a **minimum of 1 hour** in order to be counted. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

CDA Content Area(s)

Identify the number of contact hours spent in each applicable content area. An area must be a focus for a **minimum of 1 hour** in order to be counted. The total of these hours should equal the Number of Contact Hours of Actual Content Delivery reported.

Review for Gateways to Opportunity Credential

Check "Yes" if you wish for the training to also be reviewed for approval toward a Gateways to Opportunity Credential. In order to be considered for approval toward a credential, the training must be at least 7.5 contact hours in length, with a minimum of 7.5 hours dedicated to one Gateways Content Area.

Training Methods

Check "Yes" for all methods of instruction that will be used 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 3 – CO-TRAINER INFORMATION

If there will be other Registry-Approved trainers leading this training with you, check "Yes" and provide their information. Their Member ID numbers will need to be included, which they can find on their Membership ID card. Please note, co-trainers will only be approved to train this specific training with you. If they wish to present the training on their own, they will need to complete a Training Approval Application.

SECTION 4 – CONTENT OUTLINE / INSTRUCTIONAL PLAN

An Attachment D Content Outline Template must be submitted in addition to the Gateways to Opportunity Training Approval Application. The Content Outline Template can be found at <https://registry.ilgateways.com/be-a-trainer/training-resources-new>. The template is an editable Word document so you may type right on it.

Title of Training

For reference, submit the title of the training as indicated on the application form. If the training is not in English, submit the title in both English and the appropriate language.

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 the training. If the training is not in English, submit the description in both English and the appropriate language. Descriptions cannot exceed 726 characters, including spaces.

Time and Sequence of Agenda

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

Reporting Statement

Provide a statement on how you will report Gateways Member attendance within 10 business days of training completion. Indicate if you will provide us with attendance by email, by weekly report, or by alternate means.

Learning Objectives

List the objectives for participants attending the training. At least one objective must 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, during the course of your training, participants' progress toward the objectives of the training will be measured. Some assessment techniques include Guided Discussion, Student-led Discussion, Course Forums, Moderated Chat Sessions, Interactive Learning Games Handouts/Web Resources, Case Studies, Hands-on Activities, Group Activities/Projects, Lecture, Graded Quizzes, Feedback Forms, Question and Answer Sessions, Other (please explain).

An assessment method must be specified for each objective listed.

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/statement of the evaluation component that will be used instead. This should be an evaluation of the training allowing participants to evaluate the effectiveness. Evaluation results will provide the trainer with feedback to adapt or modify the training.

SECTION 5 – DESCRIPTION OF RELATED EXPERIENCE

Provide a brief narrative explanation regarding your specific qualifications to be a trainer on this topic. Qualifications may range from specific training and education to practical experience. This narrative should be considered to be a formal statement of your qualifications. Additionally, please check the number of Distance Learning trainings you have conducted in the past.

SECTION 6 – SIGNATURE

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

Gateways to Opportunity Registry Distance Learning Training Approval Application

Trainer Submitted

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SECTION 1 - TRAINER INFORMATION

Trainer Name: _____

I am currently a Gateways to Opportunity Registry-Approved trainer, my Member ID is: _____

I am not a Registry-Approved trainer and am submitting this for my Trainer Application Package.

SECTION 2 - DISTANCE LEARNING TRAINING INFORMATION

Title of Training: _____

This is a: Webinar Online Learning Platform Hybrid/Cohort Model Other (explain) _____

Will there be a moderator or facilitator for the training? Yes No

Is your distance training: Self-Paced Facilitator-Led

Will this be a: Single Session Training Multiple Session/Module Training

If multiple, how many sessions or modules are included in this training? _____

Is technical assistance available during the training? Yes No

Please list technology requirements needed for participants: _____

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

Training Language: (check one)

English Polish Chinese Korean American Sign Language

Spanish Arabic Japanese Russian

Other _____

Target Audience: (check all that apply)

- | | |
|--|--|
| <input type="radio"/> Center-Based | <input type="radio"/> Parents/Relatives |
| <input type="radio"/> Home-Based | <input type="radio"/> Trainers |
| <input type="radio"/> School-Age/Youth | <input type="radio"/> Family Support Staff |
| <input type="radio"/> Administrators | <input type="radio"/> Other _____ |

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

Introductory Level

Focuses on basic content, understanding and demonstration of developing skills

Intermediate Level

Focuses on expanding knowledge, application and refining skills

Advanced Level

Focuses on a deep knowledge and mastery of skills and the ability to apply knowledge and skills across multiple contexts

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

Prenatal

Infants *(birth through 14 months)*

Toddlers *(15 months through 23 months)*

Two Year Olds *(24 mos. through 35 mos.)*

Preschool Children *(3 year and 4 year olds)*

School-Age Children *(5-12 year olds)*

Youth *(13-21 year olds)*

Parents

Staff

Administrative

Other _____

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

ECE, School-Age and Youth-Development Topics

Child Abuse and Neglect

Child Growth and Development

Curriculum – Infant/Toddler

Curriculum – Preschool

Curriculum – School-Age

Curriculum Strategies and Methodologies

Developmentally Appropriate Practice

Early Childhood Theories

Early Literacy, Science, Math, Art or Music *(circle one)*

Guidance and Discipline

Health and Safety

Interactions with Children

Learning Environments *(creating or maintaining)*

Nutrition

Observation, Evaluation and Documentation

Physical Fitness

Play

Research in Brain Development

Special Needs/Inclusion

Standards *(program or learning)*

Other _____

Professional Skills, Management and Leadership Topics

Administration and Supervision

Advocacy

Cultural and Individual Diversity

Family Dynamics and Relationships

Grant Writing

Leadership

Modeling and Mentoring

Professionalism

Program Assessment *(ERS, accreditation, etc.)*

Program Planning and Management

Staff Development and Training

Technology

Wellness

Other _____

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

Total should equal number of contact hours above.)

- ____ (A) Human Growth and Development
____ (B) Health, Safety and Well-Being
____ (C) Observation and Assessment
____ (D) Curriculum or Program Design

- ____ (E) Interactions, Relationships and Environments
____ (F) Family and Community Relationships
____ (G) Personal and Professional Development

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

- ____ (1) Health & Safety
____ (2) Physical/Intellectual
____ (3) Social/Emotional
____ (4) Parent Relationships

- ____ (5) Program Management
____ (6) Professionalism
____ (7) Observing/Recording Behavior
____ (8) Child Development

Would you like this training to also be reviewed for approval toward a Gateways to Opportunity Credential?

Training must be a minimum of 7.5 contact hours with at least 7.5 hours dedicated to one Gateways to Opportunity Content Area.

- Yes No

- **Early Childhood Education (ECE) Credential** – for child care professionals working with children birth to age 8 who have specific levels of training, education and experience.
- **Infant Toddler Credential** – for child care professionals working with children birth to age 3 who have specific levels of training, education and experience.
- **Illinois Director (IDC) Credential** – for ECE/school-age care administrators who have specific levels of training, education and experience
- **School-Age Credential** – for professionals working with children ages 5–12 years who have specific levels of training, education and experience
- **Youth Development Credential** – for professionals working with youth ages 10–18 years who have specific levels of training, education and experience
- **Family Child Care Credential** – for family child care professionals working with children birth to age 12 who have specific levels of training, education and experience.
- **Family Specialist Credential** – for professionals providing direct services for families with children age birth–21 years who have specific levels of training, education and experience.
- **Technical Assistance Credential** – for professionals acting as a coach, mentor, consultant and/or technical assistance provider for those working with children and youth ages birth to 12 years and their families who have specific levels of training, education and experience.

Training Methods: (Check all that apply)

- Audio-video Panel discussion
 Case studies Role-playing, simulations
 Demonstration and practice Self or program assessment
 Handouts, printed materials Group discussion
 Independent study Visual aids
 Lecture Other _____
 Time and Sequence of Agenda (if applicable)

SECTION 3 - CO-TRAINER INFORMATION

Will there be another Registry-Approved trainer co-training? Yes (*list below*) No

Co-Trainer 1: _____ Member ID: _____

Co-Trainer 2: _____ Member ID: _____

SECTION 4 - CONTENT OUTLINE / INSTRUCTIONAL PLAN

An Attachment D Content Outline Template must be submitted in addition to the Gateways to Opportunity Training Approval Application. The Content Outline Template can be found at <https://registry.ilgateways.com/be-a-trainer/training-resources-new>. The template is an editable Word document so you may type right on it.

Copy of Evaluation Form *or*

I will use the Registry Training Evaluation Form

SECTION 5 – DESCRIPTION OF RELATED EXPERIENCE

Give examples of your skills and knowledge that demonstrate your ability to train on this specific topic. Also, please check the number of Distance Learning trainings you have conducted in the past.

How many Distance Learning trainings have you conducted in the past 3 years? 0–1 2–5 5–10 10 or more

SECTION 6 - SIGNATURE

By signing below, I agree that: The application and accompanying documents submitted accurately reflect the training content and procedures of the training. I will present the training as submitted in this application. If I make 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. I agree that the Registry-Approved Training logo and the Training Event ID may only appear on certificates that are given to individuals completing the training in its entirety.

Print Name: _____

Applicant Signature: _____ Date: _____

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

Faxed applications will not be accepted.



Gateways to Opportunity Registry Distance Learning Training Approval Application – Trainer Submitted

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Any missing documentation will delay the application process and could lead to ineligibility to participate in the program. I have enclosed:

Enclosed	On File at INCCRRA	
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- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | | Distance Learning Training Approval Application, completed and signed |
| <input type="radio"/> | <input type="radio"/> | Gateways Registry Membership Form and Registry Trainer Supplement Application |
| <input type="radio"/> | | Content Outline/Instructional Plan <i>(as specified in this application)</i> |
| <input type="radio"/> | | Copy of Evaluation Form <i>(if not using Registry Training Evaluation Form)</i> |
| <input type="radio"/> | <input type="radio"/> | Proof of certifications or train-the-trainer qualifications <i>(if applicable to this topic)</i> |

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