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.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.

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.

DR06 © 2015 INCCRRA

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.

Registration Fee(s)
Please indicate if there are any fees for this training.

Registration Deadline
Please indicate deadline for registration if applicable.

Training Website
If information on training is available on a website, please indicate.

Statewide Training Calendar
Please indicate if you want the training to appear on the Statewide Training Calendar.

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 to Opportunity Registry: Levels of Learning Tool)* that best fits the 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 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(s)

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(s)

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: _____ to _____

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

Location: _____

Registration Fee(s) _____

Registration Deadline: _____

Training Website: _____

Display this training on the Statewide Training Calendar? ❍ Yes ❍ No

DR06 © 2015 INCCRRA

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)*

❍ 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)*:

Early Childhood / Child Development Topics

❍ Child Abuse & Neglect

❍ Child Growth and Development

❍ Curriculum – Infant/Toddler

❍ Curriculum – Preschool

❍ Curriculum – School-Age

❍ Curriculum Strategies & Methodologies

❍ Developmentally Appropriate Practice

❍ Early Childhood Theories

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

❍ Guidance and Discipline

❍ Health & Safety

❍ Interactions with Children

❍ Learning Environments *(Creating or Maintaining)*

❍ Nutrition

❍ Observation, Evaluation & Documentation

❍ Play

❍ Research in Brain Development

❍ Special Needs/Inclusion

❍ Standards *(Program or Learning)*

❍ Other _____

Professional Skills, Management and Leadership Topics

❍ Administration & Supervision

❍ Advocacy

❍ Cultural and Individual Diversity

❍ Family Dynamics & Relationships

❍ Grant Writing

❍ Leadership

❍ Modeling and Mentoring

❍ Professionalism

❍ Program Assessment (ERS, Accreditation, etc.)

❍ Program Planning and Management

❍ Staff Development and Training

❍ Technology

❍ Wellness

❍ Other _____

DR06 © 2015 INCCRRA

Gateways to Opportunity Content Areas *(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
____ (2) Health, Safety and Nutrition
____ (3) Child Observation and Assessment
____ (4) Curriculum Development
____ (5) Teaching/Learning Interactions & Environment
____ (6) Family and Community Relationships
____ (7) Personal and Professional Development

CDA Content Areas *(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

Training Methods *(Check all that apply)*:

❍ Audio-video w/ facilitation
❍ Case studies
❍ Demonstration and practice
❍ Handouts, printed materials
❍ Hands-on activities
❍ Independent study w/ supervision
❍ Lecture
❍ Materials display
❍ Observation of children
❍ Panel discussion
❍ Role-playing, simulations
❍ Self or program assessment
❍ Small group discussion
❍ Technical assistance
❍ Visual aids
❍ 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

DR06 © 2015 INCCRRA

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: *INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701*

DR06 © 2015 INCCRRA

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

❍ Content Outline / Instructional Plan *(as specified in this application)*

❍ Copy of Evaluation Form *(if not using the standard Registry Training Evaluation Form)*

DR06 © 2015 INCCRRA