

Gateways to Opportunity® Registry Special Event Workshop

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 your event for Gateways to Opportunity Registry approval. We applaud your commitment to providing high quality training for early care and education practitioners in Illinois.

A Special Event Workshop is considered to be a training typically one day in length where all attendees attend the same presentation(s). It may consist of one or more trainers. If your event consists of several breakout sessions and scheduled over multiple days, you should complete the Gateways Registry-Verified Conference Scheduling Form at www.ilgateways.com.

SECTION 1 - SPONSORING AGENCY INFORMATION

Provide the Agency Name, Agency ID number (if known) and information for a contact person at the agency. The person listed will be the primary contact should 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

Trainer Information

Provide trainer contact information requested on the application. This information will be used to enter the trainer into our system and to contact them if needed. If your event has more than one trainer, provide contact information on a separate sheet of paper.

SECTION 3 – TRAINING INFORMATION

Title of Training

Please submit the title of your training as you would like it to appear on the Statewide Training Calendar.

Event Date and Time

Provide the date(s) and time(s) this training will be offered.

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, zip code, and county. 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.

Registration Link

Please provide registration link 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.

Gateways Level of Learning

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. For more information on Levels of Learning, go to Trainer Resources at www.ilgateways.com.

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 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. A content outline template is available under Trainer Resources at www.ilgateways.com.

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 Statewide 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

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. A copy of the Gateways Registry Participant Evaluation Form is available under Trainer Resources at www.ilgateways.com.

SECTION 5 – SIGNATURE & CONFIRMATION OF APPLICATION PACKET

Sign and date the application if you agree to the conditions as outlined on the application, and have provided all requested documents.

Gateways to Opportunity Registry Special Event Workshop Approval Application

This application should be completed by the agency sponsoring the event.

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

A Special Event Workshop is considered to be a training typically one day in length where all attendees attend the same presentation(s). It may consist of one or more trainers. If your event consists of several breakout sessions and scheduled over multiple days, you should complete the Gateways Registry-Verified Conference Scheduling Form at www.ilgateways.com.

Trainer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

This is their: Home Address Work Address

SECTION 3 - TRAINING INFORMATION

Title of Training: _____

Date: _____ Time: _____ to _____

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

Location: _____

Registration Fee(s) _____

Registration Deadline: _____

Registration Link: _____

Training Website: _____

Display this training on the Statewide Training Calendar? Yes No

Target Audience *(Check all that apply):*

Center-Based

Home-Based

School-Age/Youth

Administrators

Parents/Relatives

Trainers

Family Support Staff

Other _____

Gateways Level of Learning *(Check only one):*

Introductory Level

Intermediate Level

Advanced Level

Focuses on basic content, understanding and demonstration of developing skills

Focuses on expanding knowledge, application and refining skills

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):*

Administration & Supervision

Advocacy

Child Abuse & Neglect

Child Growth and Development

Cultural and Individual Diversity

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*)

Family Dynamics & Relationships

Grant Writing

Guidance and Discipline

Health & Safety

Interactions with Children

Leadership

Learning Environments (*Creating or Maintaining*)

Modeling and Mentoring

Nutrition

Observation, Evaluation & Documentation

Play

Professionalism

Program Assessment (ERS, Accreditation, etc.)

Program Planning and Management

Research in Brain Development

Special Needs/Inclusion

Staff Development and Training

Standards (*Program or Learning*)

Technology

Wellness

Other _____

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 | ____ (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 Areas (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):

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

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 trainer will present the training as submitted in this application. If the 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.

Confirmation of Application Packet Documents

I confirm that I am submitting the required documents requested for Gateways approval.

Enclosed

Application

Additional Trainer Information, *if applicable*

Content Outline

Agenda

Evaluation (*if not using Registry Form*)

Signature: _____ Date: _____

Print Name: _____

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