



Date of Training: _____

Nebraska Training Approval Form

Beginning July 23, 2014 all training used to meet the child care licensing required pre-service and in-service hours for child care licensing must be approved by the Nebraska Department of Education Office of Early Childhood. There are organizations that are already approved to provide training to licensed child care programs in Nebraska for a complete list go to www.education.ne.gov/oec/trainingapproval.html

All other organizations providing pre-service or in-service hours must complete this form and submit it to the Nebraska Department of Education, Early Childhood Training Center, 6949 South 110th Street, Omaha, NE 68128 or save and email the completed form to Jene.chapman@nebraska.gov.

I. Training Event Title _____

II. Agency (or Person) Sponsoring the Training _____

III. Contact Person Name _____

IV. Contact Person Email _____

V. Contact Person Phone _____

VI. Description of Training or Training Outline:

I certify that I am the owner of this training or that I have permission to present this training.

Note: If you are not the owner of the training please list the organization/person that the training was development by.

VII. Training Objectives

1)

2)

3)

VIII. Beginning Date of Training (MM/DD/YYYY) _____

Will there be multiple training sessions across several dates? Yes No

Ending Date of Training (if applicable) (MM/DD/YYYY) _____

Total number of training clock hours provided by training _____

Training Event Location (Address) _____ City _____

_____ County _____ State _____

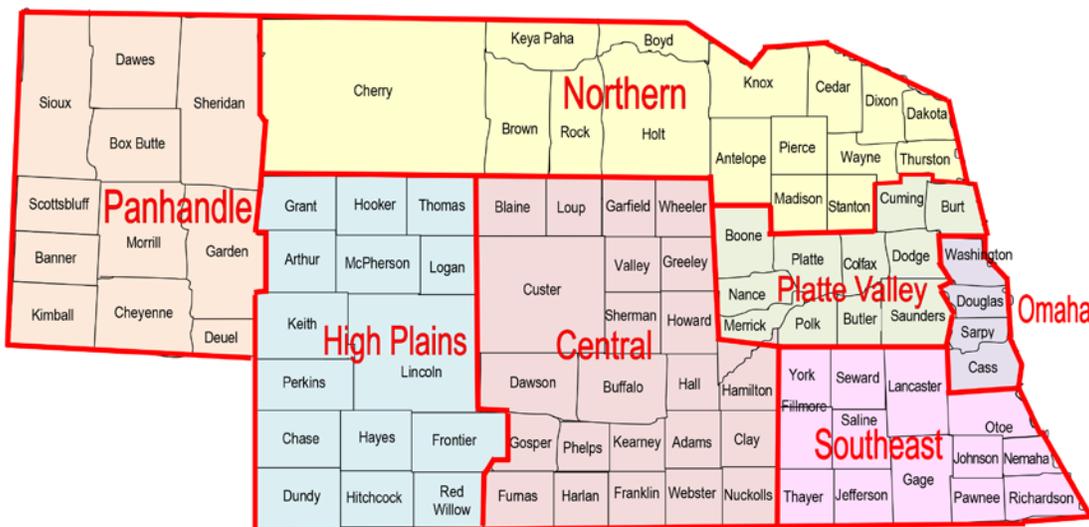
Will the training be open to anyone? Yes No

Credit Type for Training (Check all that apply): Clock hours (in-service hours)
 College Credit
 Continuing Education Units (CEUs)-only needed for Child Development Associates (CDA)

Delivery Method (Check one): Classroom (face to face)
 Online training
 Blended (training both face to face and online)
 Distance Learning (live interactive training from several locations connected by a videoconferencing system)

IX. Early Learning Connection Region for Training (Check one):

- Central Early Learning Connection Region
- Early Learning Connection Omaha Region
- High Plains Early Learning Connection Region
- North/Northeast Early Learning Connection Region
- Panhandle Early Learning Connection Region
- Platte Valley Early Learning Connection Region
- Southeast Early Learning Connection Region



X. Training Level Check One: Awareness Application Refinement

<p>XI. Briefly describe the methods and activities that will be used to deliver the training:</p> 		
<p>XII. Will there be multiple trainers? <input type="checkbox"/> Yes <input type="checkbox"/> No Include trainer on confirmation email?</p> <p>Trainer Name (First/Last) _____ Agency: _____</p> <p>Trainer Name(First/Last) _____ Agency: _____</p> <p>Description of Trainer(s) Knowledge, Experience, and Qualifications:</p> <p>Please provide email if you would like for trainer to be included in the confirmation email:</p>		
<p>XIII. Age Group the Training Pertains to (Check all that apply):</p> <p><input type="checkbox"/> Infants</p> <p><input type="checkbox"/> Toddlers</p> <p><input type="checkbox"/> Preschoolers</p> <p><input type="checkbox"/> Kindergartners</p> <p><input type="checkbox"/> Primary School Age</p> <p><input type="checkbox"/> Adults</p>		
<p>XIV. Recommended Audience (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Family Child Care Home Providers <input type="checkbox"/> Child Care Center Teachers <input type="checkbox"/> Child Care Center Directors <input type="checkbox"/> Child Care Center Other Staff <input type="checkbox"/> Child Care Center Food Preparation Staff <input type="checkbox"/> Child Care Center Transportation Staff <input type="checkbox"/> Early Head Start Teachers <input type="checkbox"/> ESU Staff <input type="checkbox"/> ESU Administrators </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Head Start Teachers <input type="checkbox"/> Preschool Only Centers <input type="checkbox"/> Public School Teachers <input type="checkbox"/> Public School Administrators <input type="checkbox"/> Public School Other Staff <input type="checkbox"/> School Age Only Centers <input type="checkbox"/> State/County/Federal Government <input type="checkbox"/> Service Coordination Staff </td> </tr> </table>	<input type="checkbox"/> Family Child Care Home Providers <input type="checkbox"/> Child Care Center Teachers <input type="checkbox"/> Child Care Center Directors <input type="checkbox"/> Child Care Center Other Staff <input type="checkbox"/> Child Care Center Food Preparation Staff <input type="checkbox"/> Child Care Center Transportation Staff <input type="checkbox"/> Early Head Start Teachers <input type="checkbox"/> ESU Staff <input type="checkbox"/> ESU Administrators	<input type="checkbox"/> Head Start Teachers <input type="checkbox"/> Preschool Only Centers <input type="checkbox"/> Public School Teachers <input type="checkbox"/> Public School Administrators <input type="checkbox"/> Public School Other Staff <input type="checkbox"/> School Age Only Centers <input type="checkbox"/> State/County/Federal Government <input type="checkbox"/> Service Coordination Staff
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<p>XV. Web address to the Registration Form:</p>		

XVI. Child Development Associate (CDA) Training Areas and Core Knowledge Competency Area

Please indicate which CDA Training Area or Core Knowledge Competency Area the training will address.

Check one or two that most apply in one of these sections.**Child Development Associate (CDA) Training Areas:**

- Safe Environments
- Healthy Environments
- Learning Environments
- Physical Development
- Cognitive Learning
- Communication
- Creative Learning
- Self Esteem
- Social Development
- Guidance
- Family Relationships
- Program Management
- Professionalism

Early Childhood Core Knowledge and Competency Areas:

- Child Growth and Development
- Health, Safety, and Nutrition
- Learning Environments
- Planning Learning Experiences/Curriculum-Social/Emotional
- Planning Learning Experiences/Curriculum-Health and Physical Development
- Planning Learning Experiences/Curriculum-Early Language and Literacy
- Planning Learning Experiences/Curriculum-Math
- Planning Learning Experiences/Curriculum-Science
- Planning Learning Experiences/Curriculum-Creative Arts
- Interacting with Children and Providing Guidance to Children
- Observation, Documentation and Assessment
- Partnerships with Families and Communities
- Professionalism and Leadership
- Administration Program Planning and Development

School Age Core Knowledge and Competency Areas:

- Growth and Development
- Health, Safety and Nutrition
- Relationships
- Learning
- Professionalism
- Administration

XVII. Will the training be offered more than once? Yes No**XVIII. Has the training been previously approved?** Yes No

Terms of Agreement for training approval:

1. Sign in sheets for the training event must be completed by all participants and sent to the Early Childhood Training Center for verification of training participation.
2. A copy of the provided training certificate must be sent to the Early Childhood Training Center.
3. Training certificates must be provided to all participants.
4. Training Certificates must include the approved training event number, the training title, the date of the training, the number of hours provided in the training, and the CDA Training Area or Core Competency Knowledge Area (CKC).
5. Training powerpoints and materials might be subjected for review.

I have read the terms of the training approval above and agree to abide by these terms.

Signature

Date

For NDE - Office of Early Childhood Early Childhood Training Center Only:

Training Event ID # _____ Date Approved _____ Approved By