Instructions for completing the Nebraska Department of Education Office of Early Childhood Training Approval Form

The training approval form should be completed and be legible so that it can be reviewed by the Early Childhood Training Center staff. The online version is a fillable PDF which can be saved with a new name related to your training title. The form can also be printed and completed by hand. Keep in mind that it has to be legible in order to be reviewed and approved.

I. **Training Event Title**-Indicate what the title of the training event will be.

II. **Agency (or Person) Sponsoring the Training**-Indicate the name of the agency or organization that is sponsoring the training. If it is a person sponsoring the training, that should be indicated in the space available.

III. **Contact Person Name**- The name of the person who is the primary contact for the training should be listed. If the training is sponsored by the early childhood program it would be the director or training coordinator at the site. If the training is sponsored by a trainer the primary contact would be the trainer.

IV. **Contact Person Email**-the email address for the primary contact should be entered in the space provided.

V. **Contact Person Phone**-the phone number for the primary contact person should be entered in the space provided.

VI. **Description of the Training or Training Outline**-a full and complete description of the training that is proposed should be provided. If there is a training outline that should be included in the submission. If there is not enough detail provided the training may not be approved.

VII. **Training Objectives**-The training contact person should indicate what they expect participants to learn from participating in the training. These should be listed as bullet points and at least two objectives should be included for the proposed training. Example: “Participants will become more familiar with early language development and how to interact with children to develop those skills.”

“Participants will develop skills for improving Read Aloud activities in early childhood classrooms to help enhance pre-literacy skills in children.”

VIII. **Beginning Date of Training**-Indicate the month, day, and year for the training. If the training will be over several dates you should indicate the first date of the training here.

**Will there be multiple training sessions across several dates**-If the training will occur on several dates you should check “yes”. If the training will be one date you should check “no”.

**Ending Date of Training**-Indicate the month, day and year for the last date of the training if it occurs on multiple days. If it is only one day of training leave it blank.

**Total number of training clock hours provided by the training**-This should be the total number of hours that participants are actively engaged in training. Breaks, lunches, etc. should not be included in the total number of clock hours provided.

**Training event location**-Indicate the specific address where the training event will occur, on the line below indicate the city, county, state.
Will the Training be Open to Anyone-Indicate “yes” if you are opening it up to others and you want the event posted on the state training calendar. Indicate “not” if you are not opening it up to others and want only your own staff, or those invited to attend.

Credit Type for Training-Most programs should indicate clock hours (inservice hours for credit type). Higher education institutions would enter college credit or CEUs.

Delivery Method-Most training that is face to face would be “classroom”. Online training would be if the training is offered online.

IX. Early Learning Connection Region For Training
Please indicate which region on the map the training will be provided in. Omaha trainings would be in the Early Childhood Consortium of the Omaha Area. Lincoln trainings would be in the Southeast Early Learning Connection Region etc.

X. Training Level-Please indicate the level of training that will be addressed in the training. Awareness would be checked if the training is simply about familiarizing participants with information. Application would be checked if it is provided participants with “how to” do something within an early childhood classroom. Refinement would be checked if participants have already been doing something related to the training topic and want to deepen their level of knowledge and skills.

XI. Briefly describe the methods and activities that will be used to deliver the training:
The contact person will want to provide information on how the training will be delivered. Will there be presentations, will there be small group activities, will there be interaction between participants and the trainer. What will those interactions be about? How will they enhance the learning within the training?

XII. Will there be multiple trainers-Check Yes if there is more than one trainer. Check no if there is only one trainer. List the first and last name of the trainer(s) in the space provided. Provide information that helps the reviewer understand what knowledge and expertise the trainer has that makes them qualified to provide the training. Educational degrees, years of experience, and type of experience would help the reviewer determine if the training will benefit professionals.

XIII. Age Group the Training Pertains to: Indicate if the ages of children that will be address in the training will be infants, toddlers, preschoolers, kindergartners, or primary school age children, or adults. This relates to the training content not who is attending the training. For instance, a training that addresses professionalism or administration would be pertaining to adults. A training on early math skills might be related to preschoolers.

XIV. Recommended Audience- Indicate the recommended audience for the training event. The contact person should be able to predict who would most benefit from attending the training. Will it be family child care home providers, public school teachers, child care center directors, etc?

XV. Web address to the Registration Form- This field only needs to be completed if there is a web address with a registration form. If there is not a registration form posted online then leave this field blank.

XVI. Child Development Associate Training Areas and Core Knowledge Competency Areas- Contact people only need to check items from one of the boxes listed for Child Development
Associate Training Areas, Early Childhood Core Knowledge and Competency Areas, and School Age Core Knowledge and Competency Areas. Pick one box and then indicate which training areas the training will most closely address. Check one or two areas, but not more than that.

XVII. **Will the training be offered more than once?** Check “yes” if the training will be offered multiple times. Multiple times means that the content is exactly the same and offered on different dates and different locations. IF the training is only to be offered once then check “no”.

XVIII. **Has the training been previously approved?** Check “yes” if the training has been previously approved by the Office of Early Childhood at the Nebraska Department of Education. Check “no” if the training has not been previously approved.

**Terms of Agreement for Training Approval:**

Contact persons for training must review the terms of agreement and sign and date the terms of agreement. Contact persons will need to provide copies of the sign in sheets for the training event and a copy of the certificate that will be provided to participants. Please carefully review the information that needs to be provided on the training certificates so that all information is provided as needed.

For questions about the training approval form call Jene' Chapman at 402-557-6882.

**Send the completed form to:**

Nebraska Department of Education  
Early Childhood Training Center  
6949 South 110th Street  
Omaha, NE 68128

Or save and email the form to: [Jene.chapman@nebraska.gov](mailto:Jene.chapman@nebraska.gov)