



NEBRASKA EARLY CHILDHOOD COACH & OBSERVER APPLICATION

COACH TRAINING REQUIREMENTS

The following requirements must be met in order to be considered for a coaching contract with the Nebraska Department of Education (NDE) for any of the following initiatives:

- Pyramid
- Step up to Quality
- Results Matter

Instructions:

STEP 1: Complete this Application and submit to NDE

STEP 2: Complete the 2-day Nebraska Early Childhood Coach Training

STEP 3: Complete one or both of the following depending on your interests:

- 1-day Pyramid coach training (for NDE & NCFF)
- 1-day Step Up to Quality coach training

OBSERVER TRAINING REQUIREMENTS

To be considered for an observing contract with the Nebraska Department of Education (NDE), individuals must possess a current Nebraska Approval certificate of reliability for the desired observation tool(s).

Nebraska observation tools include:

Environment Rating Scales (ERS)

- Infant/Toddler (ITERS-3)
- Early Childhood (ECERS-3)
- Family Child Care (FCCERS-R)

Classroom Assessment Scoring System (CLASS)

- Infant
- Toddler
- PreK

Completion of these training requirements does not guarantee a contract. Individuals who have completed coach and/or observer training will be listed on a master registry and may be contacted when opportunities become available across the state.

Direct all questions about this application and/or training process to:

NCFF - Rooted in Relationships

Lynne Brehm, lbrehm@nebraskachildren.org

NDE - NeMTSS Early Childhood/Pyramid Model

Ginny Howard, ginny.howard@nebraska.gov

NDE - Observations

Jenny Fleming, jenny.fleming@nebraska.gov

NDE - Step Up to Quality

Lynne Cook, lynne.cook@nebraska.gov

GENERAL INFORMATION

Name (Last, First, Middle Initial)			Date of Birth (mm/dd/yyyy)	
Home Address		Personal Email Address		
City	County	State	Zip Code	
Home Phone ()	Home Cell Phone ()	Home Fax ()		
Gender (Optional for data purposes only) ___Male ___Female	Are you Hispanic, Latino or Spanish: (Optional for data purposes only) ___Yes ___No	Race (Check all that apply. Optional for data purposes only) ___White ___Asian ___Black or African American ___American Indian/Alaska Native ___Native Hawaiian/Other Pacific Islander		
Primary/Native Language		Secondary Language(s)		
Are you certified in American Sign Language? ___Yes ___No				
Please indicate how you prefer to be contacted? ___Home Phone ___Home Cell Phone ___Email				

EMPLOYMENT

Current Employer/Organization		Title	Start Date	
Work Address		Work Email Address		
City	County	State	Zip Code	
Work Phone ()		Work Fax ()		
Previous Employer Name/Address		Position	Start Date	End Date
Previous Employer Name/Address		Position	Start Date	End Date
Previous Employer Name/Address		Position	Start Date	End Date
Do you currently work in an early childhood program? ___Yes ___No		Total number of years you have worked in early childhood care and education: _____		

EARLY CHILDHOOD COACH TRAINING & EXPERIENCE

___I have completed Nebraska Early Childhood 2-day Coach Training		Date:
___I have completed Pyramid Training		Date:
___I have completed TPOT Training		Date:
___I have completed TPITOS Training		Date:
___I have completed other relevant training	Please specify:	Date:
___I have Pyramid coaching experience in a school setting (preschool ages 3-5) District Name/Location: I received reflective supervision in this role ___Yes ___No		Start Date: End Date:
___I have Pyramid coaching experience in a child care setting Child Care Name/Location: I received reflective supervision in this role ___Yes ___No		Start Date: End Date:
___I have early childhood coaching experience in another capacity/using another coaching model Specify coaching model/Agency/Location: I received reflective supervision in this role ___Yes ___No		Start Date: End Date:

EARLY CHILDHOOD OBSERVER TRAINING & EXPERIENCE

Environment Rating Scales (ERS)

___I have completed Introduction to the Environment Rating Scales	Date last completed:
___I have completed Practice Using the Environment Rating Scales	Date last completed:
___I have completed Infant/Toddler (ITERS-3) Item Analysis Training	Date last completed:
___I have completed Early Childhood (ECERS-3) Item Analysis Training	Date last completed:
___I have completed Family Child Care (FCCERS-R) Item Analysis Training	Date last completed:

Classroom Assessment Scoring System (CLASS)

___I have completed Infant CLASS Observation Training	Date of most recent Teachstone online certification:
___I have completed Toddler CLASS Observation Training	Date of most recent Teachstone online certification:
___I have completed PreK CLASS Observation Training	Date of most recent Teachstone online certification:

EDUCATION & CREDENTIALS

Please indicate all educational levels you have completed.

High School Diploma/GED

One Year Certificate in Early Childhood Education

Associate's Degree in Early Childhood Education

Associate's Degree in Related Field

Bachelor's Degree in Early Childhood Education

Bachelor's Degree in Related Field

Master's Degree in Early Childhood Education

Master's Degree in Related Field

PhD/EdD

Specify any related degree: _____

Year earned: _____

Do you have a current Nebraska teaching certificate?

Yes No

If yes, please specify endorsement(s):

Other professional licenses/certifications?

Please Specify:

Please list three professional references who know your work as a trainer, consultant coach, observer or mentor.

REFERENCES

Name: _____ Title: _____ Organization: _____

Address: _____ Phone: _____ Email: _____

Name: _____ Title: _____ Organization: _____

Address: _____ Phone: _____ Email: _____

Name: _____ Title: _____ Organization: _____

Address: _____ Phone: _____ Email: _____

Please mark all coaching initiatives you are interested in:

- Step Up to Quality
- Pyramid coaching in the school setting (ages 3-5)
- Pyramid coaching in the child care setting

Program type (rank in order of preference):

- Family Child Care
- Centers
- Public Schools

Please mark all observation tools/scales you are interested in:

Environment Rating Scales (ERS):

- Infant/Toddler (ITERS-3)
- Early Childhood (ECERS-3)
- Family Child Care (FCCERS-R)

Classroom Assessment Scoring System (CLASS):

- Infant CLASS
- Toddler CLASS
- PreK CLASS

Please indicate how many hours you would be available to coach/observe each month.

- 2-10 hours per month
- 10-20 hours per month
- 20-40 hours per month
- 40-80 hours per month
- 80-110 hours per month
- 110-160 hours per month

How far are you willing to travel from your home?

- Within 0-50 miles
- Within 50-100 miles
- Within 100-150 miles
- Within 200 miles
- Anywhere in the State of Nebraska

Are you willing to provide training/coaching/observations that might require an overnight stay?

- Yes No

By signing and submitting this application, I affirm that the information listed is true and complete and I agree to have my information shared with the Nebraska Early Childhood Coach partners listed below.



Name _____

Signature _____

Date _____

Please submit completed application to Morgan Krull morgan.krull@nebraska.gov.