

**Montana Early Care and Education Career Development
Distance Learning Training Approval Application**

Please return to:
Montana Early Childhood Project
Montana State University
P.O. Box 173540
Bozeman, MT 59717-3540
1-800-213-6310
fax: 406-994-7555
email: ecp@montana.edu
web: www.mtecp.org

Date of application _____

Name of sponsoring agency _____

Address of sponsoring agency _____
Street City State Zip

Name of sponsoring agency contact _____

Phone _____ Fax _____ Email _____

Mail reply to (if different from sponsor): _____
Name Street

City Zip

Name of instructor/trainer _____

Job title of instructor _____

Title of training _____

Briefly describe the training:

Distance Learning Training Type (check **ONE**)

___ Correspondence course (through the mail)

___ On-line course (using the Internet)

List learning objectives or outcomes of training (if for a specific module or course)

Participants will be able to: _____

Please check only **ONE** *Montana Early Care and Education Knowledge Base* area on which this training will primarily focus (if for a specific module or course). The equivalent CDA content areas are noted for your information.

Knowledge Base (check **ONE**)

- Personal Attributes
- Cultural and Developmental Diversity
- Health, Safety and Nutrition
- Child Growth and Development
- Environmental Design
- Child Guidance

- Family and Community Partnerships
- Program Management
- Curriculum

- Observation and assessment
- Professionalism

CDA Content Areas

- Strategies to establish productive relationships with families
- Planning a safe, healthy environment to invite learning
- Principles of child growth and development
- Planning a safe, healthy environment to invite learning
- Positive ways to support children’s social and emotional development
- Strategies to establish productive relationships with families
- Strategies to manage and effective program operation
- Steps to advance children’s physical and intellectual development
- Observing and recording children’s behavior
- Maintaining a commitment to professionalism

Target Audience (check all that apply if you are seeking approval for a specific course or module)

- | | |
|---|---|
| <input type="checkbox"/> Center-based staff | <input type="checkbox"/> Home visitors |
| <input type="checkbox"/> Center-based administration | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Family or group child care home provider | <input type="checkbox"/> Legally unregistered providers |
| <input type="checkbox"/> Preschool staff (part-day program) | <input type="checkbox"/> High school students |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other child and family program staff |
| <input type="checkbox"/> Public and/or private school (Pre-K-3) | <input type="checkbox"/> School-age program staff |
| <input type="checkbox"/> In-service training (for program staff only) | |

Level of Training – For what level of practitioner was this training developed? (check **ONE**)

- Beginning (Practitioners not yet aware, developing, and/or beginning to apply knowledge and skills)
- Intermediate (Practitioners who are frequently and/or consistently applying knowledge and skills)
- Advanced (Practitioners with thorough knowledge, ability to modify, evaluate, synthesize; and/or who are fostering growth, exercising leadership, and advocating)

Training Methods (check all that apply for this training)

- | | |
|---|---|
| <input type="checkbox"/> Self or program assessment | <input type="checkbox"/> Technical assistance |
| <input type="checkbox"/> Demonstration and practice | <input type="checkbox"/> Independent study with supervision |
| <input type="checkbox"/> Small group discussion | <input type="checkbox"/> Audio/video with facilitation |
| <input type="checkbox"/> Hands-on activities | <input type="checkbox"/> Visual aids |
| <input type="checkbox"/> Observation of children | <input type="checkbox"/> Materials display |
| <input type="checkbox"/> Role play, simulations | <input type="checkbox"/> Handouts, printed material |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Case studies |
| <input type="checkbox"/> Panel discussions | <input type="checkbox"/> Interaction with other students |

Does the training provide frequent, individualized interaction with the instructor for feedback, clarification of understanding and content? Yes No If yes, describe.

If this is on-line training and uses a platform, such as Blackboard, Learning Manager, WebCT, or other technological learning tools such as a chat room, describe how participants will be supported in learning how to navigate and in addressing questions or challenges with access or delivery.

What is required of students to “pass” this course or module? What is required for course completion?

How do you verify course completion for the student? Please send us a sample of the certificate or list all information printed on the verification.

List other states and contact information for each that have approved this training for early care and education practitioners within their professional development systems.

Thank you for your application. We will notify you in writing of your application’s status within eight weeks of receipt of this application.

Signature of applicant

Date