Request for Onsite Training

We are delighted to offer a variety of support services to help programs and agencies learn more about Early Childhood Higher Education Program Accreditation, the 2010 NAEYC Standards for Initial & Advanced Early Childhood Professional Preparation Programs, and national recognition for programs in the CAEP Accreditation system. Please complete this form so that we can work with you to identify how best to meet your needs.

Contact Information

Name and title of contact person:	

Contact person's phone number: ______

Contact person's mailing address: _____

Contact person's email address:	
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Organization or college the contact	ct person represents:	

Who will be responsible for signing the training contract?

Contact person and organization listed above

Othe	 (please provide a name and address)
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Training Participants

Approximate number of individuals expected to participate: _____

Approximate number of colleges to be served by this technical assistance opportunity:

Participants' knowledge and experience with NAEYC accreditation and/or recognition systems:

Majority of participants have limited knowledge of accreditation/recognition

Majority of participants have developing knowledge of accreditation/recognition (for example, faculty from a program in self-study)

Majority of participants have an understanding of accreditation/recognition but could use some focused training (for example, faculty from an accredited program)

Training Content

Note: While this training can be designed for an audience with varying needs, selecting more than one topic will require the trainer to focus on the breadth, not depth of the topic. Multiple training days can also be scheduled.

The training should focus on:

Understanding the accreditation process and expectations – "Accreditation 10	1"
Aligning key assessments with standards	
Identifying and selecting core key assessments	
Organizing the self-study process	
Customized training on	
Training Logistics	
Ideally, this training could take place during (select one):	
Spring Summer Fall 20	
Do you have a specific date(s) in mind?	
No, the date is flexible	
Yes, the preferred date(s) is (are)	
What time of the day should the training begin?	
What time of the day should the training end?	
Do you have a specific trainer in mind?	
No	
Yes, if possible, the preferred trainer should be	
Do you have a specific venue in mind?	
No	
Yes, the preferred venue is	(please include the address)

Please select all logistics you would like NAEYC to be responsible for (additional costs may apply):

Logistics for training participants

Transportation

Procuring the meeting venue

Lodging for participants

Breakfast for participants

Lunch for participants

AM snack for participants

PM snack for participants

or

All *logistics for participants* mentioned above will be handled by the individual/organization requesting this training <u>and</u> should not be included in training fee.

Logistics for trainer(s)

Logistics for trainers (could include hotel, transportation, meals, parking and other incidentals)

Technology at the meeting venue (projector and screen)

or

All *logistics for trainers* mentioned above will be handled by the individual/organization requesting this training and should not be included in training fee

Other

What else should we know as we begin to think about this training opportunity? Feel free to share any insights related to your context, state initiatives or participants that should be considered in developing the training content.