



Training Registration Sponsorship Packet

Dear Instructor,

The following packet includes information that is required to be completed and returned to a WV STARS approved Entity who has volunteered to sponsor a specific training for you. Please note that this information is required to be submitted, by the sponsoring entity, at least 3 weeks prior to the scheduled date of the training for registration approval.

Enclosed you will find the Training Planning Form, Trainer Acknowledgement Form and the Calendar Form. You will find the link to the Core Knowledge and Core Competencies in the training form under the Course Objectives. If you need additional help or have questions while completing your packet you may contact the WV STARS Trainer that is sponsoring this training for you or call the WV STARS Office.

Upon completion of your training you need to return your attendance sheet to your sponsoring entity as soon as possible. It is WV STARS Policy that training attendance be entered within 5 business days of the training. Once the attendance has been entered, the participants will be sent an email notifying them that the training evaluation is ready to be completed. After they have completed the evaluation then they can view and print their certificate.

Sincerely,

WV STARS Staff



West Virginia State Training and Registry System

611 7th Ave, Suite 322 Huntington, WV 25701 Phone: (304) 522-7827 Fax (304) 529-2535 Email: wvstars@rvcds.org



**West Virginia STARS
Early Care and Education
Professional Development System
Training Planning Form**

Course Name: (Title must be less than 150 characters and no commas)

In order to make searching for a training for a specific age range possible the following abbreviations are required if content is applicable to Infants and Toddlers (I/T), Preschoolers (PK), School-Age Children (SA), or Technical Assistance, (relationship based Professional Development such as Mentoring, Coaching, Consultation, PD advising, and Peer-to-Peer TA (TA).

Include the following acronym in the title if applicable.

- T/A
- I/T
- PK
- SA

Instructors:

***Please complete a WV STARS Instructor Acknowledgement Form for each presenter that has not completed this form.**

Course Overview:

Enter a brief description of the training. Be sure to include the keywords of Family Child Care, Home Visitation, etc. if the training is specifically geared toward a specific group of professionals. Please also reinforce the target age range that the training will be dealing with infant and toddler, preschool, or school age.

Course Objectives:

Use the WV Core Competency Area Behaviors and Skills [bulleted observable skills] as outcomes. These should specifically align to the competencies that were associated. Example: 1.3 e. Helps children to cope with separation and transition

A digital copy of the Core Knowledge and Competencies can be found by going to the [WV STARS](#) website.

Core Knowledge Area and Competencies:

1. Child Growth and Development
 - Child Growth and Development 1.1
 - Child Growth and Development 1.2
 - Child Growth and Development 1.3
 - Child Growth and Development 1.4
 - Child Growth and Development 1.5
 - Child Growth and Development 1.6
 - Child Growth and Development 1.7
 - Child Growth and Development 1.8
 - Child Growth and Development 1.9
 - Child Growth and Development 1.10

2. Family and Community Relationships
 - Family and Community 2.1
 - Family and Community 2.2
 - Family and Community 2.3
 - Family and Community 2.4
 - Family and Community 2.5

3. Child Observation and Assessment
 - Child Observation and Assessment 3.1
 - Child Observation and Assessment 3.2
 - Child Observation and Assessment 3.3
 - Child Observation and Assessment 3.4
 - Child Observation and Assessment 3.5
 - Child Observation and Assessment 3.6

4. Environment and Curriculum
 - Environment and Curriculum 4.1
 - Environment and Curriculum 4.2
 - Environment and Curriculum 4.3
 - Environment and Curriculum 4.4
 - Environment and Curriculum 4.5
 - Environment and Curriculum 4.6

5. Health, Safety, and Nutrition
 - Health, Safety, and Nutrition 5.1
 - Health, Safety, and Nutrition 5.2
 - Health, Safety, and Nutrition 5.3
 - Health, Safety, and Nutrition 5.4
 - Health, Safety, and Nutrition 5.5
 - Health, Safety, and Nutrition 5.6
 - Health, Safety, and Nutrition 5.7

6. Professionalism and Leadership
 - Professionalism and Leadership 6.1
 - Professionalism and Leadership 6.2
 - Professionalism and Leadership 6.3
 - Professionalism and Leadership 6.4
 - Professionalism and Leadership 6.5
 - Professionalism and Leadership 6.6
 - Professionalism and Leadership 6.7

	<p>7. Administration and Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administration and Management 7.1 <input type="checkbox"/> Administration and Management 7.2 <input type="checkbox"/> Administration and Management 7.3 <input type="checkbox"/> Administration and Management 7.4 <input type="checkbox"/> Administration and Management 7.5 <input type="checkbox"/> Administration and Management 7.6
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Additional Information:

*The Agenda should be located in the course if one module will be held. If this course contains only one module you may choose to enter the agenda only on the scheduled event module. **An Agenda is required for all courses.***

Course Group: Basic, Intermediate or Advanced

- Basic
- Intermediate
- Advanced

Credit Hours by Type:

Credit/Contact hours can be broken down into 15 minute increments and must be represented as .25 for 15 minutes or .5 for 30 minutes. No course may be registered that is not a total of 1 contact/credit hour combined.

- ___ 1. Child Growth and Development
- ___ 2. Family and Community Relationships
- ___ 3. Child Observation and Assessment
- ___ 4. Environment and Curriculum
- ___ 5. Health, Safety, and Nutrition
- ___ 6. Professionalism and Leadership
- ___ 7. Administration and Management

- ___ Total Contact/Credit Hours



WV STARS Instructor Acknowledgement Form

I, _____, understand that the following information will be required by the Presenter/Trainer registering the training or any Presenter/Instructor that will be presenting. Furthermore, I understand that I am obligated to ensure attendance records are submitted within 5 business days of training completion.

Information required to be submitted includes the following:

Instructor/Presenter First Name _____

Instructor/Presenter Last Name _____

*Instructor/Presenter Display Name _____

*Email Address _____

*Biography: (Brief description of professional qualifications)

*These items will be viewable to Participants from any course/training that they are associated to.

Signature of Trainer/Presenter _____

Date _____

Sample Biographies

Example 1

Dr. Jessica Bissey is a clinical psychologist and endorsed infant mental health mentor. She owns a private practice in Columbus, IN and provides multidisciplinary evaluations and consultation for an autism center. Dr. Bissey works with infants, toddlers, young children and families. She utilizes relationship based practices in her therapeutic work and conducts diagnostic evaluations. Dr. Bissey has experience working in a multidisciplinary hospital setting working with toddlers and young children with a variety of neurodevelopmental disorders and complex medical conditions.

Example 2

Mel has been involved in the field of early childhood for the past 25 years. Mel received her Master's Degree in Early Childhood Special Education from WVU. Mel started her career in 1983 as an early interventionist for the WV Birth to Three system. In the late 1980's, Mel taught preschool special education for three years while her husband attended graduate school at LSU. In 1991, Mel became the coordinator of the early intervention program at Appalachian Community Health Center in Elkins, WV. During this time, Mel represented early intervention coordinators on the WV Early Intervention Interagency Coordinating Council. In 2001, she became the Policy Specialist and Coordinator for the Comprehensive System of Professional Development for the WV Birth to Three state system.

Example 3

Lisa has over 20 years' experience working with children and 15 years' experience as the Children's Library Director for the LaVergne Public Library, which is ranked 5th in the nation for its children's programs!

Example 4

Mary Jo is fulfilling her mission and passion in life by sharing the power of storytelling with the Early Childhood world. Her long career spans 30 plus years as she shares her enthusiasm across the country. Mary Jo demonstrates storytelling as a means to teaching basic skills, language development, motivation, social awareness, cultural awareness and diversity, and environmental concerns. Many of these ideas are conveyed through the use of puppets. Puppets enrich learning, promote student interest and facilitate problem solving.

Example 5

Holly specializes in consulting to and providing training for organizations with a mission for the greater good. She has received her BA in English, MA in English and Education, and her JD. She has provided consultation services and training opportunities on a national and international level. Her trainings have consisted of such topics as personnel law issues, managing change, caring for the caregiver, organizational structure, internal customer service, decision-making and countering organizational negativity.

Scheduled Event Form

Course Name: _____

Date: _____

Start Time: _____

End Time: _____

Location (must have completed location form): _____

Class Capacity: _____

Instructor (must have completed instructor form): _____

This information will be listed on the calendar for participants with registration questions

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Funding Stream:

- | | |
|--|--|
| <input type="checkbox"/> County School System | <input type="checkbox"/> Other |
| <input type="checkbox"/> Head Start/Early Head Start Grantee | <input type="checkbox"/> Resource & Referral Training Agency |
| <input type="checkbox"/> Home Visitation Program | <input type="checkbox"/> WV Birth to Three Program |
| <input type="checkbox"/> Independent Trainer/Consultant | |

Registration Type:

- Open Registration** - Users are allowed to view and register for this schedule. Registration is restricted only by the configured Capacity.
Date Registration Open: _____
Date Registration Closed: _____
- Open Registration, Requires Approval** - Users are allowed to view and register for this schedule, but the registration must be approved by an administrator or designated instructor before the user is added to the class roster.
Date Registration Open: _____
Date Registration Closed: _____
- Managed** - Users are not allowed to view or register for this scheduled event. Registration is Managed by an administrator or designated instructor through Manage Scheduled Events.

***Please attach agenda as it is required.**



WV STARS Location Request Form

I, _____, understand that the below information will be used by West Virginia State Training and Registry System as the Location Information listed on the Training Calendar and is viewable to participants.

Location Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

County _____

Phone _____

Extension _____

Signature of WV STARS Trainer/Provider _____

Date _____

West Virginia State Training and Registry System

611 7th Ave, Suite 322 Huntington, WV 25701

Phone: (304) 522-7827 or (855) 822-STAR

www.wvstars.org Email: wvstars@rvcds.org