



Training Planning Form

West Virginia Statewide Training & Registry System
 Early Care & Education Professional Development System

Courses that have a set curriculum (ACDS, WVIT, Medication Administration) will be created and owned by their respective entities. Permissions will be granted to users as needed. Duplicate courses will not be allowed.

Manage > Properties Planning

Course Name:

This will appear on the learner's certificate.

Credit Hours:

Course Overview

Enter a brief description of the course. This is visible when registering for a session.

Please list any keywords for targeted groups (Family Child Care, Home Visitation) or age ranges (I/T, PK).

If this course requires an assessment, note the assessment type or minimum score here.

Course Objectives

Use the WV CKC observable skills verbatim.

(ex: 4.1 Encourages children's independence.)

These skills should align to the course's Core Knowledge and Competencies noted above.

Additional learning objectives may also be stated.

Additional Info

(Optional)

If your course includes a series, enter topics/info for each session here.

Manage > Permissions Planning (optional)

Shared Permissions

(Who else can access)

Course Owner

(You or your entity)

Manage > Competencies Planning

Child Growth & Development	Family & Community Relationships	Child Observation & Assessment	Environment & Curriculum	Health, Safety, & Nutrition	Professionalism & Leadership	Administration & Management
<input type="checkbox"/> 1.1	<input type="checkbox"/> 2.1	<input type="checkbox"/> 3.1	<input type="checkbox"/> 4.1	<input type="checkbox"/> 5.1	<input type="checkbox"/> 6.1	<input type="checkbox"/> 7.1
<input type="checkbox"/> 1.2	<input type="checkbox"/> 2.2	<input type="checkbox"/> 3.2	<input type="checkbox"/> 4.2	<input type="checkbox"/> 5.2	<input type="checkbox"/> 6.2	<input type="checkbox"/> 7.2
<input type="checkbox"/> 1.3	<input type="checkbox"/> 2.3	<input type="checkbox"/> 3.3	<input type="checkbox"/> 4.3	<input type="checkbox"/> 5.3	<input type="checkbox"/> 6.3	<input type="checkbox"/> 7.3
<input type="checkbox"/> 1.4	<input type="checkbox"/> 2.4	<input type="checkbox"/> 3.4	<input type="checkbox"/> 4.4	<input type="checkbox"/> 5.4	<input type="checkbox"/> 6.4	<input type="checkbox"/> 7.4
<input type="checkbox"/> 1.5	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5.5	<input type="checkbox"/> 6.5	<input type="checkbox"/> 7.5
<input type="checkbox"/> 1.6	<input type="checkbox"/> Credit hours <input type="text"/>	<input type="checkbox"/> 3.6	<input type="checkbox"/> 4.6	<input type="checkbox"/> 5.6	<input type="checkbox"/> 6.6	<input type="checkbox"/> 7.6
<input type="checkbox"/> 1.7		<input type="checkbox"/> Credit hours <input type="text"/>		<input type="checkbox"/> 5.7	<input type="checkbox"/> 6.7	<input type="checkbox"/> Credit hours <input type="text"/>
<input type="checkbox"/> 1.8						
<input type="checkbox"/> 1.9						
<input type="checkbox"/> 1.10						
<input type="checkbox"/> Credit hours <input type="text"/>	Skills Notes <input type="text"/>					
Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>		Advanced <input type="checkbox"/>			



Scheduled Event Module Planning

Event Name Visible on Training Calendar. Can match Course name. If you have multiple sessions, use unique names.

Course Score %

Content Development Resources:

Required for **non-Entity** PDPs only. Can store handouts or power points here. Anyone with permissions will see.

Course Publishing Planning

Course Number

Credit Hours:

Format: SE(face to face)/OL(online)CourseTitleAbbrHoursRegID/Owner Ex: SELitforIT2Hr18348 or OLPKLitandSong2hrConnect

Course Provider
You or your entity

Core Knowledge Area & Competencies – Credit Hour Units

CG&D CO&A E&C A&M FC&R HS&N P&L

Adding a Scheduled Event to the Calendar Planning

Registration Type Open Requires Approval Managed

Capacity Unlimited Limited # of Learners

Waiting List Unlimited Limited # of Learners Auto Enroll

Open Registration Starts **Open Registration Ends**

Registration Restrictions Everyone Hierarchy Node

Event Identifier (County/Date or Online/Date)

Contact Name **Contact Email** **Contact Phone**

Funding Source: Resource & Referral Training Agency Home Visitation Program
 Independent Trainer/Consultant WV Birth to Three Program Head Start/Early Head Start Grantee Program
 County School System/Department of Education Other

Webinar/Location

Instructors

Event Date(s) & Time(s)

Agenda
(specific to training)