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 - Pyramid Model
Kayla Parr, kayla.parr@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.