



**Cultural Community Advisor/Designated Community Elder Trainer Form**

An organization that provides training may sponsor a Cultural Community Advisor/Designated Community Elder Trainer based on the following circumstances:

- ❖ Trainer has expertise in cultural practices that will be beneficial for practitioners working in early childhood or school-age care programs.
- ❖ Sponsoring organization is registered with the Minnesota Center for Professional Development.
- ❖ Training must include a minimum of 1 MN Early Childhood Core Competencies or MN School-age Core Competencies.

<b>Trainer Information</b>
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**Name of Trainer:** \_\_\_\_\_ **Registry ID (if known):** \_\_\_\_\_

**Trainer Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**The Trainer has expertise in cultural practices related to the early childhood or school-age care?**

Yes  No

**List experiences and/or credentials of the Trainer that qualifies her or him as a Cultural Community Advisor/Designated Community Elder. How does this person have expertise in cultural practices related to the early childhood or school-age care? (attach an additional sheet of paper if needed)**

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**Sponsor Information**

**Name of Sponsor:** \_\_\_\_\_ **Registry ID#:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Description of Training**

**Title of Training:** \_\_\_\_\_

**Hours of Training (must be at least 2 hours):** \_\_\_\_\_

**Description of Training:**

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**MN Early Childhood Core Competencies/MN School-age Core Competencies:** (List specific Core Competencies covered in the training)

<b>Core Competency Content Area</b>	<b>Sub-Content Area</b>	<b>Level</b>	<b>Letter</b>	<b>Competency</b>
Families and Communities		1	D	Acknowledges the varying structures and cultures of children's families.

**Please indicate the hours for the primary core competency content areas covered in the training** (e.g., 2 hours on Child Growth and Development and 1 hour on Health, Safety, and Nutrition). Do not include competency areas that are covered less than 30 minutes.

**Hours:**

- \_\_\_ I. Child Growth and Development
- II. Learning Environment and Curriculum
  - \_\_\_ IIa. Creating the Learning Environment
  - \_\_\_ IIb. Promoting Physical Development
  - \_\_\_ IIc. Promoting Language Development and Literacy
  - \_\_\_ IId. Promoting Cognitive Development
  - \_\_\_ IIe. Promoting Personal and Social Development
  - \_\_\_ II f. Promoting Creativity and the Arts

**Hours:**

- \_\_\_ III. Assessment and Planning for Individual Needs
- \_\_\_ IV. Interactions with Children
- \_\_\_ V. Families and Communities
- \_\_\_ VI. Health, Safety, and Nutrition
- \_\_\_ VII. Program Planning and Evaluation
- \_\_\_ VIII. Professional Development & Leadership

**CDA Content Area** ([http://www.cdacouncil.org/cda\\_obt.htm#a2](http://www.cdacouncil.org/cda_obt.htm#a2))

The training relates to the following CDA content areas (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Safe, Healthy Learning Environment     | <input type="checkbox"/> Effective Program Operation                |
| <input type="checkbox"/> Physical and Intellectual Development  | <input type="checkbox"/> Maintaining Professionalism                |
| <input type="checkbox"/> Social and Emotional Development       | <input type="checkbox"/> Observing and Recording Behavior           |
| <input type="checkbox"/> Productive Relationships with Families | <input type="checkbox"/> Principles of Child Growth and Development |

**Credential/Certificate/Conference/Endorsement:**

Is this training part of a credential, certificate, conference or endorsement?

- No
- Yes (Please specify)

Is this training part of a series?

- No
- Yes (Please specify)
  - Building Cultural Connections
  - Not by Chance
  - PITC
  - Project Exceptional
  - Seeds of Emergent Literacy
  - Other (Please specify)

**Target Audience:** (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Classroom Staff   | <input type="checkbox"/> Family-Friend-Neighbor             |
| <input type="checkbox"/> Administration    | <input type="checkbox"/> Center based setting               |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Family licensed child-care setting |
| <input type="checkbox"/> Parents           | <input type="checkbox"/> School setting                     |
| <input type="checkbox"/> Parent Educators  | <input type="checkbox"/> Special needs                      |
| <input type="checkbox"/> Trainers          | <input type="checkbox"/> Other (Please specify)             |
| <input type="checkbox"/> Home Visitor      |   |

**Course Type** (select one)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> In Person  | <input type="checkbox"/> Web Based                          |
| <input type="checkbox"/> Self-Paced | <input type="checkbox"/> Other Course Type (Please specify) |

**Trainer Role** (Check all that apply):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Coach       | <input type="checkbox"/> Teacher                             |
| <input type="checkbox"/> Consultant  | <input type="checkbox"/> Technical Advisor                   |
| <input type="checkbox"/> Facilitator | <input type="checkbox"/> Other Trainer Role (Please specify) |
| <input type="checkbox"/> Mentor      |  |

**Deliver Method** (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Internet            | <input type="checkbox"/> ITV                                    |
| <input type="checkbox"/> CD/DVD/Video        | <input type="checkbox"/> Lecture                                |
| <input type="checkbox"/> Classroom           | <input type="checkbox"/> Webinar                                |
| <input type="checkbox"/> Conference/Workshop | <input type="checkbox"/> Other Delivery Method (Please specify) |
| <input type="checkbox"/> Correspondence      |   |

**Learning Activity** (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Group         | <input type="checkbox"/> Panel Discussion                           |
| <input type="checkbox"/> Lecture Q & A | <input type="checkbox"/> Role Play                                  |
| <input type="checkbox"/> Hands On      | <input type="checkbox"/> Other Learning Activities (Please specify) |

**Age group** (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Infants                 | <input type="checkbox"/> Middle School (6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> grade) |
| <input type="checkbox"/> Toddlers                | <input type="checkbox"/> Secondary (High School)   |
| <input type="checkbox"/> Preschoolers            | <input type="checkbox"/> Adults  |
| <input type="checkbox"/> School Age (K - age 12) |  |

**Assessments:** (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Pre/Post Test    | <input type="checkbox"/> Portfolio              |
| <input type="checkbox"/> Self Report      | <input type="checkbox"/> Observation            |
| <input type="checkbox"/> Q&A              | <input type="checkbox"/> Project                |
| <input type="checkbox"/> Demo At          | <input type="checkbox"/> Research Paper         |
| <input type="checkbox"/> Demo After       | <input type="checkbox"/> Interview              |
| <input type="checkbox"/> Reflection Paper | <input type="checkbox"/> Other (Please Specify) |

**Please answer the following questions about the training on this form or attach a separate paper:**

Why is this training needed?

What will the training participants learn?

What content will be covered in the training?

What should participants be able to do as a result of having taken the training?

Give an example of an activity that will be used during the training?

How will the participants' learning be assessed by the trainer or sponsor?

How will the trainer and training be evaluated by participants?

What resources will be used to develop the training?

**Signature**

**I certify the information provided on this form is complete and accurate.**

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Signature of Trainer or Sponsor

Print Name

Date

**Please return to: The Minnesota Center for Professional Development  
Metropolitan State University  
1450 Energy Park Drive, Suite 147  
Saint Paul, MN 55108  
mncpd.registry@metrostate.edu**