



Specialized Training Worksheet

Date of application: _____

Center Name				License #	Date	Visit Type:	
Name Verified on site Classroom Assignment	Career Pathways Level/ Education Qualifications	Position / Assigned Group of Children	Date of Hire Days & Hours at program	Pre-requisites	Specialized Training Verification for		Professional Development Plan (random sampling of staff files)
					<input type="checkbox"/> Step 1 (5 hours)	<input type="checkbox"/> Step 2 (10 hours)	
					Current Year	Previous Year	
_____ Name <input type="checkbox"/> Verified on site _____ Classroom Assignment	<input type="checkbox"/> Administrator <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Schoolage <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Asst. Teacher	____/____/____ Days- _____ Hours -	<input type="checkbox"/> Adm. <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> SA Training: _____ Date completed: _____	_____ to ____/____/____ Infant / Toddler _____ Preschool _____ Schoolage _____ Administrator _____ Total: _____	_____ to ____/____/____ Infant / Toddler _____ Preschool _____ Schoolage _____ Administrator _____ Total: _____	<input type="checkbox"/> On file within 31 days of hire <input type="checkbox"/> Includes Performance Appraisal <input type="checkbox"/> Plan for completing specialized training relevant to Step <input type="checkbox"/> N/A	
_____ Name <input type="checkbox"/> Verified on site _____ Classroom Assignment	<input type="checkbox"/> Administrator <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Schoolage <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Asst. Teacher	____/____/____ Days- _____ Hours -	<input type="checkbox"/> Adm. <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> SA Training: _____ Date completed: _____	_____ to ____/____/____ Infant / Toddler _____ Preschool _____ Schoolage _____ Administrator _____ Total: _____	_____ to ____/____/____ Infant / Toddler _____ Preschool _____ Schoolage _____ Administrator _____ Total: _____	<input type="checkbox"/> On file within 31 days of hire <input type="checkbox"/> Includes Performance Appraisal <input type="checkbox"/> Plan for completing specialized training relevant to Step <input type="checkbox"/> N/A	
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