



Application for MT Certified Hybrid Preschool Teacher Course

(Please Print)

NAME: _____ TITLE: _____

PLACE OF EMPLOYMENT: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PHONE (home): _____ (work) _____

E-MAIL: _____

Please circle "YES" or "NO" for each of the following statements:

| | | | |
|---|-----|----|-------------------|
| I currently teach preschool-age children (3-5 years old) in a registered/licensed early childhood program, Headstart or private preschool program. If I mark "no" or "other", I need to explain: | YES | NO | Other |
| I currently teach in STARS to Quality program. | YES | NO | Other |
| I am prepared to invest 6 – 8 hours per week completing weekly quizzes, assignments, activity participating in the discussion forums and implementing learning activities/projects in my program or classroom. | YES | NO | I need more info? |
| I am prepared to attend classes on Saturdays and evenings. (*Note: Please see tentative class schedule attached to the end of this | YES | NO | Other |
| I have Internet, a computer a printer, a valid e-mail account that I check regularly, word processing software, and I am able to use technology to complete the coursework. (Note: Please review the description of the course.) | YES | NO | I need more info? |
| I am able to order the textbook (New Skills for Preschool Teachers, 10 th Edition) and understand it is my responsibility to order and get the textbook by May 12, if I wish to have my own book. Some books available to be loaned. | YES | NO | I need more info? |
| I require special accommodations to participate in the course. If YES, please describe: | YES | NO | I need more info? |

I am interested in (check one):

_____ 60 hours of training only (\$150course fee waived for employees of a STAR program)

_____ 60 hours of training & 4 academic credits (course fee and \$135 credit fee to UM-Western)

Are you currently active on the Montana Early Care and Education Practitioner Registry (circle one).

YES NO

If YES, when does your certification expire?_____Please **attach** a photocopy of your Practitioner Registry Certificate or professional development record.

I will complete my application to the Montana Early Care and Education Practitioner Registry before the end of class.

YES NO

If NO, please explain your reason(s):

This course generally has made on-site visits throughout the course so we can all see your facility. It has been very helpful to the group to see, touch, feel, and ask questions about your facility, program and curriculum. We may adapt this portion of the course to a video tour for some of you and try to do some on-site visits on Saturdays in Billings. Please visit with your director/owner if you are not that person to gain access and get signed permission slips from parents so you can include children in a video tour. If you need help with a permission release form, please indicate you need help.

Do you have access to your program on Saturday? Yes No

Do you have permission to use your facility on Saturday? Yes No

Do you have permission slips signed by parents so you may do a video tour with children present in your facility? Yes No

Do you need assistance in putting together a permission/release form for video and pictures of children in your facility? Yes No

Please attach a separate sheet of paper with your responses to the following questions. Responses may be typewritten or legibly hand written.

- 1) Please describe the extent of your education and work experience in the early childhood field. (For example, have you obtained any special certifications or degrees? What age group have you taught and for how long?)
- 2) What do you view as your greatest strengths and challenges as a preschool teacher?
- 3) Please describe what motivated you to apply for the Montana Certified Preschool Teacher Course. What do you want to get out of this course?
- 4) What are your long-term professional goals? Where do you see yourself in five years? Ten years?
- 5) Please explain your experience with technology (have you taken online courses before, you use technology daily, you have no fear of accessing technology, etc.) and what technology equipment you have access to on a regular basis (computer, tablet, printer, digital camera/video camera, web cam, FAST Internet connection that will allow streaming, and so forth.)

Space is limited (15). Applications are due to HRDC no later than, noon, April 2.

Completed applications may be mailed to the address listed below or dropped off at the 3rd floor reception desk at HRDC. The application review committee will notify successful applicants of their acceptance into the course by December 31, 2017 through e-mail. **Be sure your e-mail is current** and operational as your acceptance will be emailed to you as will invitations for classes and handouts.

At this time, the course fee has been waived. Ordering information for the textbook will be distributed when applicants are notified of their acceptance into the course.

Applicant Signature: _____ Date: _____

Please print and mail or deliver the applications to:

HRDC District 7

Attn: Child Care Department (Janet Mann)

PO Box 2016

Billings, MT 59103

Montana Preschool Teacher Education

Tentative Schedule for Summer 2018

| SESSION # | DATE & TIME |
|--|-------------------------------|
| Session 1 Introduction/Chapter 13 Professional & Child Portfolio Intro Research paper requirements. | Saturday, May 19 8:30-4:30 |
| Session 2 Chapter 1 & 2 | June 2 8:30-4:30 |
| Session 3 Chapter 3 & 4 | June 9 8:30-4:30 |
| Session 4 Chapter 5 & 6 | June 16 8:30-4:30 |
| Session 5 Chapter 3 & 6 projects Chapter 7 | June 23 8:30-4:30 |
| Session 6 Chapter 8 & 9 | July 7 8:30-4:30 |
| Session 7 Chapter 10, observation, child portfolio work | July 21 8:30-4:30 |
| Session 8 Chapter 11 & 12 Parent/Teacher Conferences with Child Portfolio | July 28 8:30-4:30 |
| Session 9 All work due. Professional Portfolios due. Research project presentations. | August 11 9:30-4:30 |