



Application for Fall Semester 2019
MT Certified Preschool Teacher Education 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.	YES	NO
I currently teach in a STARS program. If yes, what STAR Level: _____ (1-5)	YES	NO
I am prepared to invest 6 – 8 hours per week completing assignments and implementing learning activities/projects in my program or classroom.	YES	NO
I am prepared to attend classes on Saturdays and evenings . (*Note: Please see Tentative class schedule attached to the bottom of this document.)	YES	NO
I require special accommodations to participate in the course. If YES, please describe:	YES	NO
I have completed all State of Montana required New Childhood Teacher Orientation trainings or the Health and Wellness Overview (in 2016)	YES	NO

I am interested in (check one):

60 hours of training only

60 hours of training & 4 academic credits - \$ 135.00

This fee is due from ALL participants who choose this option. It will be paid directly to the University of Montana Western at a later time.

Are you currently active on the Montana Early Care and Education Practitioner Registry?

(circle one)

Yes

No

When does your certification expire? _____

Registry ID# _____

PS# _____

**Please note that participants must be current on the Practitioner Registry by the completion date of the course to be eligible for the Professional Development Incentive Award (PDIA) that corresponds with this course.*

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

- 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 groups 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 MT Certified Preschool Teacher Education 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?

**Space is limited. Only complete applications will be considered.
Applications are due at HRDC by Friday, July 26, 2019.**

Completed applications (*including the commitment form, signed by the student and the director of the lab program*) may be emailed directly to Anita Bauer at abauer@hrdc7.org, mailed to the address listed below *or* dropped off at the 2nd floor reception desk at HRDC by the above stated due date before 5.00 P.M.

The application review committee will notify successful applicants of their acceptance into the course by **5:00 pm on Wednesday, July 31, 2019**. This will allow for those who decide to order books to begin reading by August 14th. We will use the 10th edition of *Skills for Preschool Teachers*, by Janice J. Beaty. Pearson. **Attention: Numbers of library books to borrow are limited!**

The required textbook may be checked out from our lending library at the first day of class. I understand that a replacement fee of \$185.00 will be charged if the book is damaged or not returned. _____ (please initial).

Applicant Signature: _____ Date: _____

Please print and mail the completed application to:

**HRDC District 7
Attn: Child Care Dept. (Anita Bauer)
PO Box 2016, Billings, MT 59103
Email: abauer@hrdc7.org
Tel. 406-869-2582**

Montana Preschool Teacher Education Tentative Schedule Fall Semester 2019

Please arrive on time. No formal break will be taken. Classes held at HRDC.

Session #	Date & Time	Tentative Chapter/Topic
Pre-Session Preparation	Wed., Aug. 14	Book Pick-Up at HRDC (For those who opt to borrow the book) Reading Assignment: Chapters 1 & 2 Homework Assignment: To be announced
Session 1	Sat., Aug. 24 9:00a.m- 3.00 p.m.	Introduction, Course Guide, NAEYC Code of Ethical Conduct, CDA Competency Goals & Functional Areas Chapter 13: Promoting Professionalism Chapter 1 & 2: Maintaining a Safe Classroom (1) & Maintaining a Healthy Classroom (2)
Session 2	Wed., Sept. 4 6:00-10.00 p.m.	Chapter 3: Establishing a Learning Environment
Session 3	Wed., Sept. 11 6:00- 10.00 p.m.	Chapter 12: Providing Program Management
Session 4	Sat., Sept. 14 9:00a.m- 3.00 p.m.	Program Visits (to be announced at a later time)
Session 5	Wed., Oct. 2 6:00- 10.00 p.m.	Chapter 4: Advancing Physical Skills
Session 6	Wed., Oct. 9 6:00- 10.00 p.m.	Chapter 5: Advancing Cognitive Skills
Session 7	Wed., Oct. 23 6:00- 10.00 p.m.	Chapter 6: Advancing Communication Skills
Session 8	Wed., Nov. 6 6:00-9: 10.00 p.m.	Chapter 7: Advancing Creative Skills
Session 9	Sat., Nov. 16 9:00a.m- 3.00 p.m.	Chapter 8: Building a Positive Self Concept
Session 10	Wed., Dec. 4 6:00- 10.00 p.m.	Chapter 9 & 10: Promoting Social Skills (9) & Providing Guidance (10)
Session 11	Sat., Dec. 14 9:00a.m- 3.00 p.m.	Presentations of Projects and Portfolios

Attendance for each class is mandatory. In extreme situations, the Instructor may excuse a limited number of class hour absences on a case-by-case bases.

Montana Preschool Teacher Course Commitment Form

When you participate in the Montana Preschool Teacher Course, the Course Instructor will observe you working with preschool age children (3 – 5 years old) in your facility twice as part of the course requirements. In addition, you will be required to conduct two self- assessments, using the standardized Preschool Teacher Observation Checklists provided. You and the instructor will then follow up by developing an action plan with goals to improve areas identified by your self-assessment and the instructor observations. The student must complete the plan to receive a certificate. In the credit option, completion of the plan accounts for a major part of the grade. The course also requires a minimum of 45 hours of direct care and education for preschool children as well as 60 hours of face to face class time. Active participation and on-time completion of homework assignments will be expected. This, as well as absences and late arrivals to class, will also be reflected on the University of Montana, Western, final grades.

Both parties (instructor and student) agree to the following terms:

As the Montana Preschool Teacher Course Instructor, I will:

- Work with you and your director to schedule observation and conference times that work best for you.
- Be on time in class and prepared to present course materials and observations.
- Give you 24-hour notice if I have to cancel an appointment. In the event of illness or emergency, I will contact you as early as possible on the day of the scheduled observation.
- Provide information, assistance, and guidance throughout the course for your self-assessments and action plans.

As the Student, I will:

- Work with the Course Instructor and Program Director to schedule observation and conference times that work best.
- Notify and prepare my Program Director and coworkers for the observation.
- Communicate with my lead teacher about assessments and environmental changes (when applicable).
- Be on time in class and prepared for all observations and conferences. (**HRDC doors will be locked at 6.00 P.M.**)
- Give 24-hour notice if I have to cancel an observation. In the event of illness or emergency, I will contact you as early as possible on the day of the observation.
- Work with the Instructor to complete the action plans created through the self-assessment and instructor observations.
- Communicate with the Course Instructor openly about any information or specific needs that may be necessary.
- **Complete all assignments on time. I understand that I will be dropped from the course if I get more than 2 weeks behind. _____ (please initial).**

As the Student, I understand:

- CCR&R staff must report any licensing infractions/concerns or child protective issues to the Child Care Licensor and/or DPHHS Centralized Intake, as well as the Program Director/owner of the program. _____ (please initial).
- When the observation is being conducted, I will take the role of Lead Teacher. _____ (please initial).
- The children and my interaction with them is the primary focus of the observation. I will not be expected to put off the needs of the children and families to accommodate the Course Instructor.
- I am responsible for the direct supervision of the children during observations. CCR&R staff/Course Instructors are not approved as direct caregivers.

As the Program Director, I agree to:

- Exclude the student participating in this course from functioning as a “closer” of my program, so that he/she is capable of arriving at the course location by 6.00 P.M. _____ (please initial).
- Allow the employee participating in the Montana Preschool Teacher Course to use my facility in order to complete assignments and observations required by the course.

In doing so, I agree to:

- Promote the principles of early childhood and best practices that are being taught to the students within the program.
- Allow students to complete required course activities/assignments at the program. _____ (please initial).
- Allow students to assume the role of Lead Teacher when observations are being conducted.
- Allow CCR&R staff and Course Instructors access to the program to observe and conduct conferences with the students.
- The required textbook may be checked out from our lending library at the first day of class. I understand that a replacement fee of \$185.00 will be charged to the program and Student if the book is damaged or not returned. _____ (please initial).

I understand that CCR&R staff must report any licensing infractions/concerns or child protective issues to either the Child Care Licensor and/or DPHHS Centralized Intake. I will be notified if any report is made. In addition, if the facility is participating in the STARS to Quality program and it is observed that STARS criteria are not being met, it will be reported to the facility’s STARS Coach. _____ (please initial).

Montana Preschool Teacher Course Student

Date

Early Childhood Program Director

Date