

**Alameda County Professional Development & Retention Project
(AB212) For School-Age & Early Childhood Educators**

2013-14 Staff Participation Agreement & Self-Assessment

PURPOSE OF PROGRAM:

The primary goal of AB212 Project is to build a skilled and stable workforce to provide high-quality child care and development services through state subsidized child care programs. The program is designed to retain qualified child care staff by providing financial compensation and support for continued education, professional development and employment.

BENEFITS TO YOU:

- FREE trainings and consultation to hone your skills in working with children
- The opportunity to shape your program's professional development plan
- A **\$350** stipend at the end of the school year

REQUIRED:

- Must be working in a Title 5 funded classroom
- Must be working at least 15 hours per week at your agency
- Must work directly with Title 5 children/youth or be the supervisor of someone who does
- Must complete and submit the following:

<input type="checkbox"/> AB 212 Staff Participation Agreement	<input type="checkbox"/> CDD Direct Service Profile Long Form (online)
<input type="checkbox"/> AB 212 Self-Assessment	<input type="checkbox"/> 2012 W9
- Must complete or ensure data input of the CDD Direct Service Profile Short Form after each training.
- Must attend at least 21 hours of professional development by **May 15, 2014**
- Submit substantiating documentation to Project Manager for all training activities attend within the scope of the AB212 project. (September – May)
- Must still be working at the same agency at the end of the project to receive a stipend
- Must make less than \$60,000 per year

AGREEMENT:

- ☐ I am on permanent staff and work directly with Title 5 children/youth for 15+ hours a week.
- ☐ I will submit CDD short forms to the assigned Project Manager or ensure all data is input into Survey Monkey.
- ☐ I have read and understand the above project description.

Staff Person Signature

Print Name (WRITE CLEARLY)

Date

Project Manager Signature

Print Name (WRITE CLEARLY)

Date

Agency/Organization: _____

Self-Assessment Form

First Name	Middle Name (Optional)	Last Name																
Date of Birth (M/D/Y)	Last 5 digits of SSN (Optional)	County of Participation: Alameda																
How do you identify your Race/Ethnicity? (select all that apply) <table border="0"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Native Hawaiian of Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> Decline to State</td> </tr> </table>			<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian of Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Decline to State								
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What is your Primary Language? (select one) <table border="0"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Arabic</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Armenian</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Filipino (Pilipino or Tagalog)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cantonese</td> <td><input type="checkbox"/> Mandarin</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Punjabi</td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Armenian	<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino (Pilipino or Tagalog)		<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Hmong	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Other
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	<input type="checkbox"/> Hmong	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Other															

Home Address					
Apartment/Unit #					
City		State		Zip Code	

Mailing Address (if different)					
City		State		Zip Code	

Home Phone Number			
Additional Phone Number(s) (Optional)	Cell:	Work:	
Email Address (Required)			

Did you participate in the AB212 Program between 2000 and 2010?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you participated in the AB212 Program since 2011?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer one of the following questions:

If you have participated in AB212 since 2011, what is the total number of Early Childhood Education/Child Development (ECE/CD) units that you completed prior to entry into AB212?	
If you are a first time AB212 participant, what is the total number of Early Childhood Education/Child Development (ECE/CD) units you have completed to date?	

Current Work Facility

Work Facility Name					
Facility Address					
City		State		Zip Code	
Phone Number			Facility License Number (Optional)		
Director/Owner First and Last Name (Optional)					

What describes your current work facility? (select all that apply)

- | | |
|------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Head Start (including Early and Migrant Head Start) | <input type="checkbox"/> CDE General Child Care |
| <input type="checkbox"/> Private/Subsidized (e.g. City, County or First 5) | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Private/Non-Subsidized | <input type="checkbox"/> Military Base |
| <input type="checkbox"/> State Preschool | <input type="checkbox"/> Other |
| <input type="checkbox"/> Race to the Top | |

Current Employment

Start of employment date (Mo/Yr): _____

Hours per week working with Title V youth/children: _____

Are you an early childhood or school-age staff? ☐ ECE ☐ School-Age ☐ Both

Number of years you have been employed in the ECE Field	
Number of years you have been employed with your current employer	
Estimated Annual Salary from ECE employment	

Setting or Program Type (select one):

- | | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Licensed Child Care Center/Early Childhood Program | <input type="checkbox"/> Licensed Family Child Care Home |
| <input type="checkbox"/> License-Exempt Center or School-Age Program
(e.g. Cal-SAFE, Military Child Care, Parent Co-Op) | <input type="checkbox"/> Other |

If you work in a Center or School-Based ECE Program, what is your Primary Position? (select one)

- | | | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Assistant Teacher/Teacher Aide | <input type="checkbox"/> Site Supervisor | <input type="checkbox"/> Director – Multi-Site |
| <input type="checkbox"/> Teacher/Lead Teacher | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Teacher/Director | <input type="checkbox"/> Director – Single Site | <input type="checkbox"/> Other |
| <input type="checkbox"/> Specialized Teaching Staff (e.g. Special Education Teacher, Supervising Master Teacher) | | |
| <input type="checkbox"/> Professional Support Staff (e.g. Curriculum Specialist, Mental Health Consultant) | | |

Current Employment (continued)

If you work in a Family Child Care Home, what is your Primary Position? (select one)

☐ Owner/Operator ☐ Assistant ☐ Other

Total number of children in each age group enrolled in your classroom:

_____ Infants (Birth to 17 months)
 _____ Toddlers (18 to 35 months)
 _____ Pre-K (36 months to Kindergarten entry)
 _____ School-Age (K-12)

What is the total number of children with IFSP/IEP (Individual Family Services Plan or Individual Educational Plan) in your classroom?

Do you currently care for children who are Dual Language Learners?

☐ Yes

☐ No

What is your Primary Language? (select one)

<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
<input type="checkbox"/> Spanish	<input type="checkbox"/> Armenian	<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino (Pilipino or Tagalog)
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Other

What is your language preference for coaching?

<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
<input type="checkbox"/> Spanish	<input type="checkbox"/> Armenian	<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino (Pilipino or Tagalog)
	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Other

The AB212 Program cannot guarantee the availability of coaches providing support in languages other than English and Spanish

Education

Highest Level of Education Attained (select one)

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Less than High School Diploma/GED | <input type="checkbox"/> BA in ECE/CD |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> BA in Non-ECE/CD |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Degree in ECE/CD |
| <input type="checkbox"/> AA in ECE/CD | <input type="checkbox"/> Graduate Degree in Non-ECE/CD |
| <input type="checkbox"/> AA in Non-ECE/CD | <input type="checkbox"/> Other |

Field of Bachelor's Degree Previously Completed

- | | |
|---------------------------------|----------------------------------------|
| <input type="checkbox"/> ECE/CD | <input type="checkbox"/> Related Field |
|---------------------------------|----------------------------------------|

Child Development Permit Held (select one)

- | | | | |
|--------------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> Master Teacher | <input type="checkbox"/> Site Supervisor | <input type="checkbox"/> Do not have a permit |
| <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Program Director | <input type="checkbox"/> Teacher | |

Do you have a Teaching Credential? (optional)

- | | | |
|-----------------------------------------------|---------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes, from California | <input type="checkbox"/> Yes, from out of State/Country | <input type="checkbox"/> No |
|-----------------------------------------------|---------------------------------------------------------|-----------------------------|

Teaching Credential Type (If Yes, from California, select all that apply)

- | | | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Single Subject | <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> School Nurse Services |
| <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Reading/Language Arts |
| <input type="checkbox"/> Bilingual Specialist | <input type="checkbox"/> Pupil Personnel Services | <input type="checkbox"/> Other Health Services |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Clinical/Rehabilitative Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Specialist Instruction (e.g. Disabilities and other Special Needs) | | |

By signing this document I am certifying that all of the information provided above is true and correct.

Signature

Date

What do you hope to gain by participating in this project? **(100 words minimum)**

Professional Development Needs

1. What are your strongest skills and/or knowledge areas in teaching children?

-
-

2. What are three skills and/or knowledge areas you would like to gain in order to better support children's/youth's care and education?

- 1.
- 2.
- 3.

3. If applicable, what did you gain from last year trainings and consultation?

Please list 3 things:

- 1)
 - 2)
 - 3)
-

Professional Development Needs

Please choose a total of **ONLY 7** professional development topics from the following three page list that are the most critical for you.

Working with Children/Youth

- | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Child Development | <input type="checkbox"/> CSEFEL - Center on the Social and Emotional Foundations for Early Learning | <input type="checkbox"/> CLASS (Classroom Assessment and Scoring System) |
| <input type="checkbox"/> ASQ/ASQ-SE (Ages & Stages, Ages & Stages Social Emotional) | | |
| <input type="checkbox"/> Effective Communication with Children/youth | <input type="checkbox"/> Infant/Toddler Care | <input type="checkbox"/> Documentation and Observation |
| <input type="checkbox"/> Supporting English Language Learners | <input type="checkbox"/> Youth Development Principles | <input type="checkbox"/> Youth Leadership |
| | <input type="checkbox"/> Youth Engagement | <input type="checkbox"/> Social-Emotional Development |

Program Environments & Safety

- ☐ Shared Space with Day Programs
- ☐ Physical Environments
- ☐ Social Environments

Behavior Guidance

- | | | |
|------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Behavior Guidance for Various Age Groups | <input type="checkbox"/> Understanding Behavior | <input type="checkbox"/> Effective Supervision of Children/Youth |
| <input type="checkbox"/> Children/Youths' Stress Management Techniques | <input type="checkbox"/> Bullying Awareness & Prevention | <input type="checkbox"/> Social & Emotional Development |

Programs & Programming

- | | | |
|------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Integrating Academics and Enrichment | <input type="checkbox"/> Homework Assistance |
| <input type="checkbox"/> Health and Nutrition | <input type="checkbox"/> Fitness for Children and Youth | <input type="checkbox"/> Creating Culturally Sensitive and Equitable Programs |
| <input type="checkbox"/> Enrichment Activities | <input type="checkbox"/> STEM | <input type="checkbox"/> Circle Time Activities |

Program Planning & Development

- | | | |
|------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Program Assessment and Evaluation | <input type="checkbox"/> Foundations & Frameworks | <input type="checkbox"/> Program Alignment to Core Standards |
| <input type="checkbox"/> Program Planning | <input type="checkbox"/> Summer Learning Planning | <input type="checkbox"/> Program Administrator's Scale |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> DRDP (Desired Results Development Profile) | <input type="checkbox"/> Quality Assessment Tool for Afterschool |

Establishing Partnerships with Families, Schools and Communities

- | | | |
|------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Family Engagement/
Involvement | <input type="checkbox"/> Communicating with
Families | <input type="checkbox"/> Alignment & Linkages with the
School Day |
| <input type="checkbox"/> Partnering with Schools | <input type="checkbox"/> Working with Various
Types of Families | <input type="checkbox"/> Partnering with Communities |

Equity, Diversity, Inclusion

- | | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Including Children with
Special Needs | <input type="checkbox"/> Becoming Allies with
Children, Youth and Families | <input type="checkbox"/> Understanding of Cultural
Sensitivity |
| <input type="checkbox"/> Diversity Inclusion with
Children/Youth Families | <input type="checkbox"/> Creating Safety in Working
with Diverse Populations | <input type="checkbox"/> Diversity Among Staff |
| <input type="checkbox"/> Becoming Allies with
Children, Youth and Families | <input type="checkbox"/> Working with LGBT
Children/Youth and Families | <input type="checkbox"/> Introduction to Diversity |

Staff and Agency Development

- | | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> (DRDP) Desired Results
Assessment Outcome
Measurement | <input type="checkbox"/> Planning for Program
Succession | <input type="checkbox"/> Conflict Resolution &
Healthy Communications |
| <input type="checkbox"/> School Age CLASS/Coaching | <input type="checkbox"/> Supervising Staff | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Program/Business
Management | <input type="checkbox"/> Recruitment & Retention of
Staff | <input type="checkbox"/> Computer & Technology 101 |
| | <input type="checkbox"/> Leadership | <input type="checkbox"/> Managing Multiple Contract
Sources |

Of the 7 you selected which is the most important professional development need you would like your agency to provide? Why?

Other Professional Development Priorities:

Is there other trainings not listed you would like your Project Manager to address? If so, please list this information below:

Thank you for completing this form!

Return it to _____

Project Manager for your site