



Distance Education Lesson Registration Form

For office use only
Transaction # _____

Checklist – Complete and send the following items in order:

- Payment for Review Form
- Registration Form
- Evaluation Form
- Assignments
- "Tell Us More About You" page

...and mail to:
Penn State Better Kid Care
Distance Education Program
253 Easterly Parkway
State College, PA 16801

IMPORTANT — Save a copy of your assignments and forms for your files —

1. Participant Information Indicate where you would like your certificate mailed: Home Business

| | | | |
|---|---|----------------|---|
| Name | First | Middle | Last |
| Address | | | |
| City | | State | Zip |
| Phone No. () | | Fax No. () | |
| * Required for reporting to PA Key | Date of Birth | | To efficiently contact you, please provide us with your E-mail address. |
| | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | _____ @ _____ | |

2. Place of Employment

| | | |
|---|--|--|
| * Must answer | Is this facility a Keystone STARS site? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Business <small>(Leave blank if you do not have a business name)</small> | | |
| Address | | |
| City | | |
| State | Zip | Phone No. () |
| Facility License Number <i>(or Registration No. for Home-Based Providers)</i> | | |

3. Professional Development Information

| | |
|---|--|
| Title of Distance Education Lesson | |
| 1. Are you using this professional development to earn Continuing Education Units (CEUs)? <small>(Call 800-452-9108 for more information on how to receive a certificate)</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you using this professional development to earn Pennsylvania Act 48 Continuing Professional Education Hours for Certified Educators? If Yes, PDE ID# _____ <small>(required for submission)</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you using this professional development to earn a CDA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Pennsylvania Keys to Professional Development

Trainee Evaluation Form

Please take a few minutes to answer these questions. What you tell us about the training is important and your personal responses will not be reported. Only a summary of all responses will be given to the trainer.

| | |
|---|---------------------------------|
| Title of Training: | Trainer Name: James E. Van Horn |
| Training Site: Penn State Better Kid Care Program | Date of Training: |

1. How clearly were the goals of this training stated?

- Very clearly Somewhat
 A little Not at all

Please write your comments here:

2. Based on the training goals, how much did you learn?

- A lot Some
 A little None

3. The level of this training was...

- Too hard Somewhat hard
 Just right Too easy

4. Why did you select this training? *(Check all that apply)*

- Director recommended Meet STARS requirement
 Training need from PDR Meets 6-hour DPW requirement
 Personal convenience (location, time, etc.)

5. How much will you be able to use what you learned in your child care work?

- A lot Some
 A little Not at all

6. Would you tell others to take this training?

- Yes No Don't Know

7. How would you rate this trainer?

- Excellent Good
 Fair Poor

8. How would you rate this training?

- Excellent Good
 Fair Poor

9. The most important thing(s) that I have learned in this training are:

10. I need training in the following areas: *Check all that apply, for each item checked, please write the specific topics in the space provided and specify the level of training needed:*

| CBK Content Area | Specific Topics | Beginning | Developing | Mastery |
|---|-----------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Child Growth & Development | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The Environment, Curriculum, & Content | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Families in Society | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Child Assessment | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Communication | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Professionalism & Leadership | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Healthy, Safety, & Nutrition | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Program Organization & Administration | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |