

# Registration Form

## For Review Of Distance Education Lessons

BETTER · KID · CARE

*For office use only*

Date Received \_\_\_\_\_

Transaction # \_\_\_\_\_

CCO# \_\_\_\_\_

**COMPLETE** this form legibly in ink. *Questions? Call 800-452-9108*

### Section 1: Lesson Title:

### Section 2: Personal Information

Indicate where you want your certificate mailed:  Home  Business

Name (first, middle, last)

Address

City

State

Zip

County

Phone

Fax

E-mail

### Section 3: Required For Processing This Assessment/Assignment:

Date of Birth:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security # (Last 5 digits only):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Section 4 can be left blank if you are caring for children in your home and don't use a business name.*

### Section 4: Place of Employment

Is this a Keystone STARS site?  Yes  No

Director's Name

Business Name

Address

City

State

Zip

County

Phone

Fax

Director's E-mail

### Section 5: Professional Development Information — *For more information about earning Continuing Education Units (CEUs) and Act 48 hours visit [www.betterkidcare.psu.edu/page06a.html](http://www.betterkidcare.psu.edu/page06a.html)*

Are you using this professional development to earn a CDA?  Yes  No

For more information about CDA visit: [www.betterkidcare.psu.edu/page15.html](http://www.betterkidcare.psu.edu/page15.html)

Are you using this professional development to earn Pennsylvania Act 48 Continuing Professional Education Hours for Certified Educators?  Yes  No

**IMPORTANT — Save a copy of your Assessments and forms for your files**

#### Mail all items to:

Penn State Better Kid Care  
Distance Education Program  
341 N. Science Park Road, Suite 208  
State College, PA 16803

#### Did you include...?

- Review Payment Form (with payment)
- Registration Form
- Evaluation Form
- Completed Assessments/Assignments
- "Tell Us More About You" page





# 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: Claudia C. Mincemoyer, Ph.D.
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:*

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

- A lot                                         Some  
 A little                                    None

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**3. The level of this training was...**

- Too hard                                 Somewhat hard  
 Just right                                Too easy

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**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.)

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**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

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**6. Would you tell others to take this training?**

- Yes         No         Don't Know

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**7. How would you rate this trainer?**

- Excellent                                 Good  
 Fair                                          Poor

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**8. How would you rate this training?**

- Excellent                                 Good  
 Fair                                          Poor

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

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**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"/>