



New Staff Orientation Refresher Registration Form

Did you include...?

- Review Payment Form (with payment)
 Registration Form
 Evaluation Form
 6 Completed Assignments

Mail all items to:

Penn State Better Kid Care
 New Staff Orientation Refresher
 341 North Science Park Road – Suite 208
 State College, PA 16803

For office use only

Transaction # _____

CCO# _____

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

1: Participant Information (Assignment Packet and certificate will be returned to business address)

Name (First, Middle, Last)

Address

City

State

Zip

Phone ()

Fax ()

Required for reporting to PA Key:

Date of Birth (mm/dd/yyyy)

E-mail (in order to contact you efficiently)

2. Place of Employment Is this facility a Keystone STARS site? Yes No

Director's Name

Director's E-mail

Name of Business

Address

City

State

Zip

Phone ()

Fax ()

Facility License Number

3. Professional Development Information

Title of Distance Education Lesson: **New Staff Orientation Refresher**

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

For more information about CDA visit: 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 (if yes, a form will be sent with your certificate)

For more information about earning Continuing Education Units (CEUs) and Act 48 hours visit www.betterkidcare.psu.edu/page06a.html



New Staff Orientation Refresher Review Payment Form

For office use only

Transaction # _____

CCO# _____

Pennsylvania residents only

Complete this form to request review. A certificate awarding professional development hours will be issued after **all** completed assignments and forms are received and reviewed.

Allow 4-6 weeks for your completed assignments to be processed and reviewed.

REQUIRED INFORMATION –must complete entire form to process

Request to Review New Staff Orientation Refresher Assignment Packets

Director's Name _____

Business Name _____

Payment for review of New Staff Orientation Refresher packets for the following practitioners:

Name(s): _____

Number of New Staff Orientation Refresher assignment packets enclosed for review _____ x \$5.00 = Total Amount Enclosed \$ _____
(Assignment Packet includes 6 completed unit assignments)

Mail with payment to: Penn State Better Kid Care
New Staff Orientation Refresher
341 North Science Park Road - Suite 208
State College, PA 16803

Method of Payment (prepayment is required)—DO NOT SEND CASH

Check/Money Order (payable to **The Pennsylvania State University**) is enclosed
(A \$10 charge will be assessed for all returned checks)

Check /Money Order# _____

Charge to: Visa MasterCard

Expiration Date: _____

Cardholder's Name: (as listed on card)

Cardholder's E-mail Address: _____

Cardholder's Telephone: () _____

Credit Card Number:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Cardholder's Signature:
(Authorizes total amount to be charged)



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: New Staff Orientation Refresher	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:

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"/>