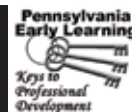


New Staff Orientation Registration Form



Did you include...?

- Review Payment Form
 Registration Form
 Evaluation Form
 30 Completed Assignments

Mail all items to:

Penn State Better Kid Care
 New Staff Orientation
 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: **New Staff Orientation**

Are you using this professional development to earn Continuing Education Units (CEUs)? Yes No

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

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

For more information, visit us at www.betterkidcare.psu.edu/page06a.html



New Staff Orientation 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 weeks for your completed assignments to be processed and reviewed.

REQUIRED INFORMATION –must complete entire form to process

Request to Review New Staff Orientation Assignment Packets

Director's Name _____

Business Name _____

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

Name(s): _____

Number of New Staff Orientation assignment packets enclosed for review _____ x \$5.00 = Total Amount Enclosed \$ _____

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

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

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

Check #: _____

Charge to: Visa MasterCard Expiration Date: _____

Cardholder's Name: (as listed on card)

Cardholder's E-mail Address: _____

Cardholder's Telephone: () _____

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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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	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"/>