



Beginning Together

*Caring for Infants and Toddlers with
Disabilities and Special Needs
in Inclusive Settings*

Application and Fee Information

Applications will be reviewed in the order of date received with consideration for regional representation. The California Department of Education, Child Development Division, and WestEd do not discriminate on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or sexual orientation.

Confirmation

Applicants will receive a confirmation within two weeks of the application deadline. Applicants will be contacted if there are questions about the application or if there is no longer space available at the requested Institute. The registration fee of \$125 (\$130 credit card) will be required to hold the participant's place once enrollment has been confirmed. **PLEASE DO NOT SEND THE REGISTRATION FEE UNTIL NOTIFIED OF ACCEPTANCE.**

Fees -- California residents

Fellowships are available to a limited number of California residents who are **fully certified in all four modules of the Program for Infant/Toddler Care (PITC) Trainings** and who agree to complete the certification process and incorporate information from this Institute into their future trainings. The fellowship (value of \$1,535) covers tuition, trainer's manuals, supplementary reading materials, four-nights lodging (double occupancy) and most meals (3 dinners on own). Single rooms are available for an additional fee of \$85 per night. California fellowship recipients are responsible for a \$125 (\$130 credit card) registration fee, travel costs to and from the Institute, parking fees (if applicable), and incidental expenses.

Complete and return to:

Karen Charest, Conference Coordinator
BEGINNING TOGETHER
751 Rancheros Drive, Suite #2
San Marcos, CA 92069
or
Email: kchares@wested.org

2009 Trainer Institute Fellowship Application

Section I: Applicant Information

Application Deadline: Thursday, October 1, 2009

Online application preferred at www.CAinclusivechildcare.org

(Please Type or Print)

Name			
Agency Name			
Agency Address			
City/State/ County/Zip	County in which you work	Zip	
Work Phone		Fax	
Email		Position Title	
Please describe your activities and training responsibilities related to early childhood:			
Home Address			
City/State		Zip	
Home Phone		Cell Phone	
For mailings, I prefer to use my		<input type="checkbox"/> work address	<input type="checkbox"/> home address (check one)
For participant lists, I prefer to use my		<input type="checkbox"/> work address	<input type="checkbox"/> home address (check one)
Please indicate your ethnicity:			
Please indicate proficiency in language(s) other than English:			

What is your primary job role/occupation? (Please select only one)

Child Care Center/ Preschool	Family Child Care
<input type="checkbox"/> Director/ Administrator, Child Care Center/ Preschool	<input type="checkbox"/> Director/ Owner, Family Child Care
<input type="checkbox"/> Teacher/ Staff, Child Care Center/ Preschool	<input type="checkbox"/> Family Child Care Assistant
<input type="checkbox"/> Teen Parent/ ROP Program/ High School	PITC
College or University	<input type="checkbox"/> PITC ITS/ C
<input type="checkbox"/> College Faculty	<input type="checkbox"/> PITC PQ Trainer
<input type="checkbox"/> Director/ Administrator, College Child Care Center	Agency or Other Related
<input type="checkbox"/> Teacher/ Staff, College Child Care Center	<input type="checkbox"/> Agency Staff (First 5, other)
Head Start	<input type="checkbox"/> Family Leader
<input type="checkbox"/> Director/ Site Supervisor, Head Start/ EHS	<input type="checkbox"/> Resource & Referral
<input type="checkbox"/> Head Start/ EHS Class Teacher	<input type="checkbox"/> Spec. Education/ Early Intervention
<input type="checkbox"/> Head Start/ EHS Specialist	<input type="checkbox"/> Teen Parent/ ROP Program
<input type="checkbox"/> Head Start/ EHS Home Visitor	<input type="checkbox"/> Consultant/ Trainer
<input type="checkbox"/> Head Start/ EHS Administrator	<input type="checkbox"/> Other (please indicate below)

List other: _____

In order to meet your training needs and assist us as we finalize the content of the Institute, we ask that you provide the information on the next two pages. Thank you so much for your time.

1. What degrees, professional certification or credentials do you currently hold?

2. What years did you attend the four *PITC* modules?

3. In what settings have you offered *PITC*/early childhood trainings?

4. In what settings do you envision offering trainings which incorporate information on infants/toddlers with special needs? (*Do you regularly train for PITC Partners for Quality?*)

5. What are your hopes for this Institute?

6. Are there specific questions or issues in the area of special needs or disability you have encountered in training situations that you hope you will be able to address after this training?

7. Have you ever co-trained on *PITC* content with a partner....with a partner with special needs background?

8. What else would you like to share about your interest in this Institute or future training ideas?

Section II: Agreement to Complete Certification and Provide Training

I, _____ hereby make application for a fellowship to
(print full name of applicant)
participate in the BEGINNING TOGETHER Institute sponsored by the California Department of Education, Child Development Division (CDD), and WestEd, Center for Child and Family Studies. I certify that all statements made in this application are true and complete.

I agree to complete the BEGINNING TOGETHER Institute certification requirements within six (6) months of completion of the Institute. I also agree to incorporate at least ten (10) hours of information on infants and toddlers with disabilities in my infant/toddler training during the two (2) years following completion of this Institute. I agree to respond to annual survey requests from WestEd/CDD to provide information about the infant/toddler trainings that I have provided.

(Signature of Applicant)

(Date)

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Section III: Director Agreement (if applicable)

I understand that my employee, _____ has applied to participate
(print name of applicant)
in the BEGINNING TOGETHER Institute. I further understand that her/his participation will require her/his attendance at a four (4) day Institute and that she/he will be required to write a training plan. I also understand that upon completion of the Institute and certification, she/he is required to incorporate ten (10) hours of information on infants and toddlers with disabilities in their infant/toddler training during the two (2) years following completion of this Institute. I will support my employee in this endeavor, and provide the time needed to complete the certification requirements.

(Signature)

(Date)

Title/Organization