



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. The fee will be required to hold the participant's place once enrollment has been confirmed. **PLEASE DO NOT SEND THE FEE UNTIL NOTIFIED OF ACCEPTANCE.**

Fees – Non-California residents and Full Fee Applicants

The current fee for **non-California residents and full fee applicants** is \$1,600 (\$1665 for credit cards). The fee includes the cost of registration, and covers tuition, trainer's manuals, supplementary reading materials, lodging (single or double occupancy) and most meals (3 dinners on own). Participants are responsible for 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: beginningtogether@wested.org

2009 Trainer Institute Full Fee 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 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"/> Teacher/ Staff, Child Care Center/ Preschool <input type="checkbox"/> Teen Parent/ ROP Program/ High School	<input type="checkbox"/> Director/ Owner, Family Child Care <input type="checkbox"/> Family Child Care Assistant
College or University	PITC
<input type="checkbox"/> College Faculty <input type="checkbox"/> Director/ Administrator, College Child Care Center <input type="checkbox"/> Teacher/ Staff, College Child Care Center	<input type="checkbox"/> State Administrator (mark ITS/ C online) <input type="checkbox"/> PITC Trainer
Head Start	Agency or Other Related
<input type="checkbox"/> Director/ Site Supervisor, Head Start/ EHS <input type="checkbox"/> Head Start/ EHS Class Teacher <input type="checkbox"/> Head Start/ EHS Specialist <input type="checkbox"/> Head Start/ EHS Home Visitor <input type="checkbox"/> Head Start/ EHS Administrator	<input type="checkbox"/> Agency Staff (First 5, other) <input type="checkbox"/> Family Leader <input type="checkbox"/> Resource & Referral <input type="checkbox"/> Spec. Education/ Early Intervention <input type="checkbox"/> Teen Parent/ ROP Program <input type="checkbox"/> Consultant/ Trainer <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. Briefly describe the three most recent early childhood trainings you have conducted:
(indicate if the training was specific to infant/toddler and the content, audience, format)

5. 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?)

6. What are your hopes for this Institute?

7. 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?

8. In training and your other work with early childhood providers, what barriers to including infants and toddlers with disabilities in caregiving settings have come up?

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

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