

Lead Trainer:

National Speaker Form

If an Ohio Trainer OPIN number:

Title of Training:

***For sessions to be Ohio Approved, the content, and objectives must show families.	w how this information will support early childhood professionals in improving outcome	s for children and			
Session Description (3-5 sentences):					
Date of the most recent revision of this content:					
Length of the training (Indicate with X)					
(1 hour): 1.5 hours: 3 hours:					
Learning Outcomes (must have at least one) At most two for a 1.5-hour session. By the end of the session, participants will be able to: 1. 2.	Presenter Contact Information: Address: Email: Phone: Cell Phone:				

	Learning	Outcome 1:						
Aŗ	proximate Time	Content (Please provide as much detail as possible by explaining what will be discussed and introduced)	Instructional Strategies: How will the participant interact with the content?	How does this align with the CKC and level selected: A. Child Growth & Development B. Family & Community Relations C. Health, Safety & Nutrition D. Observation & Assessment E.Professionalism F. Learning Environments & Experiences	How is the content supported by current research as listed in your resources?	How will you assess the participant's knowledge before and after the presentation?	How can the participant apply the content to their work?	What tools and strategies will be shared?

2 Learn	2 Learning Outcome 2:						
Approxima Time	Content (Please provide as much detail as possible by explaining what will be discussed and introduced)	Instructional Strategies: How will the participant interact with the content?	How does this align with the CKC and level selected: A. Child Growth & Development B. Family & Community Relations C. Health, Safety & Nutrition D. Observation & Assessment E.Professionalism F. Learning Environments & Experiences	How is the content supported by current research as listed in your resources?	How will you assess the participant's knowledge before and after the presentation?	How can the participant apply the content to their work?	What tools and strategies will be shared?

Target Audience/ Proceed Child Welfare Special	•	the session (please check all that apply: Classroom Staff/Teacher	Early Childhood Mental Health	Families/Guardians
Family Childcare		Home Visitor	Infant Mental Health	Instructor/TA Specialist
Program Administrator		Staff Working With Special Needs		
Please specify the a Infant	ge group that the pres	sentation content applies to (Indicate with Preschool Scho	X): pol Age	
Provide at least two your presentation: 1. 2. 3. 4. 5.	o research references t	to support your presentation content (this	s must include other colleague's work as wel	l as your own)and must reference these sources in
 Observing ar Other/NA Principles of To Advance I To Ensure a N 	nd Recording Children's Growth and Developm Physical and Intellectus Well Run Purposeful Pr	nent	entation (Pick Only One):	

• To Establish Positive Relationships with Families

• To Support Social and Emotional Development and to Provide Positive Guidance

Please return to <u>relations@oaeyc.org</u> and include the following:

- A current résumé or vita demonstrates your expertise with this content and your experience working with adult learners.
- A brief bio
- High-resolution digital photo for marketing purposes
- PowerPoint with trainer notes to assist us in securing Ohio Approved Professional Credit if you have one available.
 - o If you have handouts, please include those as well.
 - o If you do not have a PowerPoint, please ensure the content plan above is rich and detailed.

Any questions? Please feel free to contact Pam Perrino on her cell phone at 330-509-0815 or email relations@oaeyc.org
*Ohio AEYC reserves the right to edit titles or descriptions for brevity and clarity.