



Distance Education Lesson Registration Form

Did you include...?

- Review Payment Form
 Registration Form
 Evaluation Form
 Assignments
 "Tell Us More About You" page

Mail all items to:

Penn State Better Kid Care
 Distance Education Program
 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		Indicate where you want your certificate mailed: <input type="checkbox"/> Home <input type="checkbox"/> Business	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name (leave blank if you do not have a business name)			
Address			
City	State	Zip	
Phone ()		Fax ()	
Facility License Number (or, Registration # for home-based providers)			

3. Professional Development Information	
Title of Distance Education Lesson: Active Times -- Quiet Times: Making Transitions Easier	
Are you using this professional development to earn a CDA? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	



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: Active Times -- Quiet Times: Making Transitions Easier	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"/>