

Teacher/Home Visitor
Mandatory Training:

Name _____

(Turn in any certificates to the main office to add to your file)

Mandatory Training Teachers & Home Visitors: (add dates to ChildPlus)

_____ NESD School Readiness Goals (Date completed _____)

_____ Creative Curriculum Orientation Videos – www.teachingstrategies.com / Develop / My Courses

_____ Creative Curriculum for Preschool, Foundation (Date completed _____)

_____ Creative Curriculum for Preschool, Daily Resources (Date completed _____)

_____ Child Assessment Teacher Orientation Videos – www.teachingstrategies.com

_____ Objectives for Development and Learning (Date completed _____)

_____ GOLD Introduction (Date completed _____)

_____ Interrater Reliability Test – www.myteachingstrategies.com – Preschool/PreK

_____ Home Visiting Series (HV only) – <https://eclkc.ohs.acf.hhs.gov/family-engagement/article/home-visiting-series> (17 part series over first year of employment)

_____ Creative Curriculum – Implementing w/ Fidelity (Date completed _____)

_____ Classroom Management - Creative Curriculum (Date completed _____)

Rising to the Challenge of Challenging Behaviors: Tools You Can Use in the Preschool Classroom
https://www.youtube.com/watch?v=5E_U6JiMoN0

_____ Introduction to the CLASS tool (*myTeachstone*) – Teachers only
(Date completed _____)

_____ Introduction to the HOVRS – Home Visitors Only (Date completed _____)

_____ ChildPlus Training

– Teachers/HV (Date completed _____)

_____ Sign up for myTeachstone (Date completed _____)

_____ Second Step Curriculum – https://www.youtube.com/watch?v=AmgA_b-PgF4 Second Step
SEL for Early Learning: Improved Behavior, Improved Learning – (Date completed _____)

_____ Dual Language Learners (Date completed _____)

_____ One Child, Two Languages (Check out DVD from Disabilities Manager)

_____ Children with Special Needs (Date completed _____)

_____ Engaging Young Learners with Special Needs (Check out DVD from Disabilities Manager)

_____ Other resources specific to needs of children in class (i.e. Down Syndrome, Autism, ADHD, etc.)

_____ Leadership (Date completed _____)

_____ Employee Handbook, Performance Standards, NESD Policies
(Date completed _____)

_____ Professionalism (Date completed _____)

_____ CPR (Date completed _____)

_____ Bloodborne Pathogens, Fire Safety, First Aid, Medication Admin (Date completed _____)

_____ Emergency Preparedness (Date completed _____)

_____ Other _____ (Date completed _____)

_____ Other _____ (Date completed _____)