



**2010 Annual FACCM Conference
January 15-16, 2010
Radisson Worldgate Resort
Orlando, FL**

Thank you for your interest in becoming a Presenter at FACCM'S 2010 Conference. Enclosed you will find a Presenter's Information Packet we will need completed and returned to us.

- ❖ **All Presentation submissions (pages 2-4) must be received by October 15, 2009.**
- ❖ **Please include a resume of each presenter and one sample of the handouts that will be distributed during your workshop.**
- ❖ **All presentations must be educational in nature.**
- ❖ **Workshops can be single presentations, panel presentations or interactive discussion groups.**
- ❖ **Please read and complete each form carefully and thoroughly.**

We would like to invite all Presenters to join us for Continental Breakfast and Lunch January 15-16, 2010. If you wish to attend, Banquet and Casino Night tickets are \$50.00 and must be purchased prior to the conference. Presentation packets may be mailed or emailed to Lori at the FACCM office; 10060 Amberwood Road Suite 3, Fort Myers, FL 33913 or lori.ferrell@faccm.org. Be sure to include all your contact information on any documentation you will be presenting to our members so they may contact you in the future.

If you have any questions feel free to contact our office at 1-800-322-2603. We look forward to seeing you at the 2010 FACCM Conference.

FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT

**Instructor Application
Professional Development Activity
Prior Approval for Credit**



Form 101

Continuing Education and Training Instructor Application

I. Presenter Contact _____ Contact Phone # _____
Date of Activity _____ Location _____
Activity Title _____
Activity Date(s) _____ Hours required for Workshop _____
Presenter(s)/Trainer(s), including years of experience of each trainer, expertise
in an area of training and evidence of trainer’s ongoing education and training.

Circle the area this activity relates to: teaching methods, technology, State Standards, assessment, classroom management, family involvement, health and safety, other:

Instructors are encouraged to use various types of teaching strategies to meet the needs and different learning modalities of adult learners.

II. Activity Description:

III. Delivery Method (Circle One):

- (A) Activity/Workshop
- (B) Electronic, Interactive
- (C) Electronic, Non-Interactive
- (D) Study Group/Learning Community
- (E) Action Research
- (F) Independent Study

IV. What research or past success is evidence that this training positively impacts student performance? (Briefly state the research, evidence or past success.)

FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT

V. What are the learning objectives of the training?

VI. Describe the learning outcomes expected for the participants as a direct result of participating in this activity.

VII. Participant Assessment-Intended assessment documentation (Circle One)

- (A) Pretest/Post-test (E) Report
(B) Products (F) Other (Please describe): _____
(C) Skills Checklist (must be attached) _____
(D) Action Plan

VIII. **Follow-up**

A. Describe how follow-up activities will occur in the classroom.

B. Describe how teachers should monitor the impact of the new strategies on learning.

IX. Audio-visual Equipment Requirements: FACCM will provide a microphone and screen. If you will need additional equipment please contact Valerie Gallo at the Radisson Worldgate & Resort at 1-866-705-7676 or direct line 1-407-997-2108.

X. **Intellectual Property**

Please list any products, instruments, devices, services and materials that you have developed, published and/or sell related to your presentation.

FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT

Instructors are prohibited from selling products, instruments, devices, services or materials during continuing education and training events.

Signature of FACCM Designee _____

Professional Development Use Only

Approved _____ Not Approved _____ # of CEU'S _____

Reason: _____

Staff Development Office

Date

FLORIDA ASSOCIATION FOR CHILD CARE MANAGEMENT



Continuing Education and Training
Examples of Learning Assessment/Competency Demonstration

The following examples of learning assessments/competency demonstrations are provided to assist potential instructors and the Education committee in making and approving training plans.

Ask participants to provide a written summary of the learning objectives along with how the information can be used in the classroom.

Ask participants to plan a classroom activity utilizing the information provided during the training session.

Ask participants to reflect on the information given and write a plan for an individual child based the information.

Ask participants to work in small groups to answers discussion questions regarding the workshop topic and have groups report to the large group.

Have participants draw a proposed environment for the classroom based on the information provided during the training.

Give a pretest regarding the learning objectives at the start of the training session and a post test at the conclusion of the session.

Give a test at the conclusion of the training session asking participants to rate how much new knowledge was gained during the training (e.g., “Based on your prior knowledge, how much more do you know now about universal hand washing procedures?
___No new knowledge ___Some new knowledge ___ A lot of new knowledge”).

Have participants develop a classroom activity based on the training information and present their idea to the training class.

Provide materials related to the training topic and ask participants to work in small groups to design activities, products, examples, etc. with the material.



TRAINING EVALUATION

Title of Training: _____

Instructor: _____

Location: Radisson Worldgate Resort, Orlando, Fl

Name of Participant: _____

Date: _____ Time: _____

SA=Strongly Agree A=Agree D=Disagree SD=Strongly Disagree

The instructor communicated effectively.	SA	A	D	SD
The instructor demonstrated proficiency in the subject.	SA	A	D	SD
The course content was well organized.	SA	A	D	SD
The course content met my expectations.	SA	A	D	SD
The course content met the objectives of the workshop.	SA	A	D	SD
The instructor offered the opportunity to ask questions.	SA	A	D	SD
The handouts and materials were appropriate.	SA	A	D	SD
The instruction and delivery methods were effective.	SA	A	D	SD

Please provide any comments you may have about the training:



Continuing Education Training Evaluation

Title of Training: _____

Instructor: _____

Name of Participant: _____

Date: _____ **Last four digits of your social security number:** _____

Please write a summary of the three things that you have learned attending this training. Please use full sentences.

1. _____

2. _____

3. _____

