

Training Planning Form

West Virginia Statewide Training & Registry System Early Care & Education Professional Development System

Courses that have a set curriculum (ACDS, WVIT, Medication Administration) will be created and owned by their respective entities. Permissions will be granted to users as needed. Duplicate courses will not be allowed.

Manage > Properties Planning							
Course Name This will appear on learner's certificat	the	Credit Hours:					
Enter a brief descr when re Please list any key Child Care, Home If this course re assessment to Use the WV CKC (ex: 4.1 k Encourage These skills show Knowledge and	Course Overview iption of the course. This is visible egistering for a session. words for targeted groups (Family Visitation) or age ranges (I/T, PK). quires an assessment, note the type or minimum score here. Course Objectives Cobservable skills verbatim. ges children's independence.) ald align to the course's Core Competencies noted above.						
Additional learning objectives may also be stated. Additional Info (Optional) If your course includes a series, enter topics/info for each session here.							
Manage > Permissions Planning (optional) Shared Permissions (Who else can access) Course Owner (You or your entity)							
Manage > Competencies Planning							
Child Growth & Development 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 Credit hours 1.9 1.10	Family & Child Observation & Assessment 2.1 3.1 4.1 5.1 6.1 2.2 3.3 3.3 4.3 5.4 3.5 Credit hours 2.5 Credit hours Skills Notes						
Basic	Intermediate Advanced						

West Virginia STARS	Scheduled Ever	nt Module	• Trair	ning Planning For	m		
Scheduled Even	t Module Plannir	ng					
Event Name Visible on Training Calendar. Can match Course name. If you have multiple sessions, use unique names.							
					Course Score %		
Content Dev	elopment Resour	ces:			Score %		
Required for non-Entity For power points here. Any	PDPs only. Can store han	douts					
Course Publishin	ng Planning			Credi			
Course Number				Hours			
Format: SE(face to face)/OL(online)CourseTitleAbbrHoursRegID/Owner Ex: SELitforIT2Hr18348 or OLPKLitandSong2hrConnect							
Course Provider You or your entity							
Core Knowledge A	Area & Competend	cies – Credit Ho	ur Units				
CG&D	CO&A E8	&C A&I	Y FC&	R HS&N	P&L		
Adding a Schedu	uled Event to the	· Calendar Plar	nnina				
Registration Type	Open	Requires Appro		aged			
Capacity Unlimited Limited # of Learners							
Waiting List Unlimited Limited # of Learners Auto Enroll							
Open Registration Starts Open Registration Ends							
Registration Restrictions Everyone Hierarchy Node							
Event Identifier (County/Date or Online/Date)							
Contact Name	Conta	act Email		Contact Phone			
Funding Source: Resource & Referral Training Agency Home Visitation Program							
☐ Independent Trainer/Consultant ☐ WV Birth to Three Program ☐ Head Start/Early Head Start Grantee Program ☐ County School System/Department of Education ☐ Other							
Webinar/Location							
Instructors							
Event Date(s) & Time(s)							
Agenda (specific to training)							