



IDAHOSTARS MENTOR/COACH APPLICATION

Name: _____		Date: _____	
Street Address: _____	City: _____	State: _____	ZIP: _____
Home Phone: _____			
Work Phone: _____	FAX: _____	Cell: _____	
e-mail address: _____		Degree _____	Major _____ Minor _____

please attach:			
<input type="checkbox"/> Résumé	<input type="checkbox"/> Protecting Human Research Participants (PHRP) course		
<input type="checkbox"/> Diploma or transcripts	<input type="checkbox"/> Proof of Criminal Background Check		
<input type="checkbox"/> W-9 Form	<input type="checkbox"/> Professional Letters of Reference (2)		
<input type="checkbox"/> Brief bio to be included in information for provider requests			
Required Training and Coursework:			
<input type="checkbox"/> <i>Refining the Skills of Mentor/Coach</i>	I plan to take course	<input type="checkbox"/> YES	<input type="checkbox"/> Waiver
<input type="checkbox"/> <i>Child Care Health Consultant</i>	I plan to take course	<input type="checkbox"/> YES	<input type="checkbox"/> Waiver
Optional Training and Coursework Taken:			
<input type="checkbox"/> CLASS	<input type="checkbox"/> Waiver	<input type="checkbox"/> <i>Environment Rating Scales</i>	<input type="checkbox"/> Waiver
<input type="checkbox"/> <i>Strengthening Families</i>	<input type="checkbox"/> Waiver	<input type="checkbox"/> QRIS	<input type="checkbox"/> Waiver
<u>Highly recommended for professionals providing services to early childhood providers:</u>			
<input type="checkbox"/> Proof of Liability Insurance			

Information for Approved Mentor/Coach Registration

A Bachelor's or higher degree is preferred; other applications will be considered.

Mentor/Coaches are expected to complete the following courses, offered through IdahoSTARS or Idaho AEYC: *Refining the Skills of Mentor/Coaches* and *Child Care Health Consultant*. If the courses have not been completed, please indicate the intention to meet that requirement at the next available offering and no later than one year.

Although these two courses are expected to be completed, some Mentor/Coaches with a high level of expertise in their field may not find both of them necessary to provide technical assistance, depending on the nature of the mentoring assignment. In that case, please attach the waiver request for one or more courses. Scholarships are available upon request and based on need for Mentors/Coaches registering for these two courses. Waivers, course descriptions, course schedules, and links to all forms are available on the Mentor/Coach page of the Idaho AEYC website at www.idahoaeyc.org.

If waiver is denied, the corresponding **required** course(s) must be completed within one year of application in order to continue as an approved mentor/coach. Renewal of approval is required every two years.

Please complete the following questions:

Enrolled in IdahoSTARS Professional Development Registry? YES NO Date: _____ Level: _____
 (If not currently enrolled, and not eligible for incentives, this application will be used to enroll you in IdahoSTARS Registry.)

Current Position (if any): _____ Type of Facility: Center Group Family
 (Director, Child Care Provider, Other)

I live in Region: 1 2 3 4 5 6 7 (see below)

Languages: Please specify _____ Spoken Written

Years working in a child care facility: _____ Years working in your area of expertise: _____

1. In what areas are you qualified (by education or experience) to mentor child care providers?

<input type="checkbox"/> Accreditation	<input type="checkbox"/> Environment, Curriculum, Practice	<input type="checkbox"/> Playground Safety
<input type="checkbox"/> Apprenticeship (2 yr commitment)	<input type="checkbox"/> GED Testing	<input type="checkbox"/> Professionalism, Leadership
<input type="checkbox"/> CDA On-line course mentor (1 yr)	<input type="checkbox"/> Health, Safety, Nutrition	<input type="checkbox"/> Program Operation and Administration/Business Practices
<input type="checkbox"/> Character Building & Development	<input type="checkbox"/> Quality Rating & Improvement System (QRIS)	
<input type="checkbox"/> Child Care Health Consultant (certification required)	<input type="checkbox"/> Inclusion/Special Needs	<input type="checkbox"/> Relationships with Families
<input type="checkbox"/> Child Growth and Development	<input type="checkbox"/> Interpreter Specify language _____	<input type="checkbox"/> Social/Emotional
<input type="checkbox"/> CLASS (Classroom Assessment Scoring System)	<input type="checkbox"/> Literacy	<input type="checkbox"/> <i>Strengthening Families</i>
<input type="checkbox"/> Environment Rating Scale <input type="checkbox"/> ECERS-R <input type="checkbox"/> ITERS-R <input type="checkbox"/> FCERS-R <input type="checkbox"/> SACERS	<input type="checkbox"/> Observing, Recording and Assessing Child Outcomes	

Comments: _____

2. I will work with providers who serve children:

- Infant/Toddler (birth-18 months) Toddlers (18-36 months) Preschool (36-60 months)
 School Age (5-12 year olds) All of the above

3. In which Idaho counties are you willing to work?

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
<input type="checkbox"/> Benewah	<input type="checkbox"/> Clearwater	<input type="checkbox"/> Adams	<input type="checkbox"/> Ada	<input type="checkbox"/> Blaine	<input type="checkbox"/> Bannock	<input type="checkbox"/> Butte
<input type="checkbox"/> Bonner	<input type="checkbox"/> Idaho	<input type="checkbox"/> Canyon	<input type="checkbox"/> Boise	<input type="checkbox"/> Camas	<input type="checkbox"/> Bingham	<input type="checkbox"/> Clark
<input type="checkbox"/> Boundary	<input type="checkbox"/> Latah	<input type="checkbox"/> Gem	<input type="checkbox"/> Elmore	<input type="checkbox"/> Cassia	<input type="checkbox"/> Caribou	<input type="checkbox"/> Franklin
<input type="checkbox"/> Kootenai	<input type="checkbox"/> Lewis	<input type="checkbox"/> Owyhee	<input type="checkbox"/> Valley	<input type="checkbox"/> Gooding	<input type="checkbox"/> Oneida	<input type="checkbox"/> Bear Lake
<input type="checkbox"/> Shoshone	<input type="checkbox"/> Nez Perce	<input type="checkbox"/> Payette		<input type="checkbox"/> Jerome	<input type="checkbox"/> Power	<input type="checkbox"/> Bonneville
		<input type="checkbox"/> Washington		<input type="checkbox"/> Lincoln		<input type="checkbox"/> Custer
				<input type="checkbox"/> Minidoka		<input type="checkbox"/> Fremont
				<input type="checkbox"/> Twin Falls		<input type="checkbox"/> Lemhi
				<input type="checkbox"/> <i>ALL of the above</i>		<input type="checkbox"/> Jefferson
						<input type="checkbox"/> Madison
						<input type="checkbox"/> Teton

Signature _____

Date _____

Approval criteria for Mentor/Coach Registration

(1-5 points for each criterion)

Level of Education	<ul style="list-style-type: none"> • CDA • Associate • Bachelor • Master • PhD 	1 2 3 4 5
Education matches area of Mentor/Coaching (in each area checked)	<ul style="list-style-type: none"> • Same age of children • Same subject • Courses in area of Mentoring • Awards or honors in the field • Special Training 	1-5 points based on number checked
Years of experience in early childhood	<ul style="list-style-type: none"> • Less than 1 • 1-3 • 4-6 • 7-9 • 10 or more 	1 2 3 4 5
Years of experience in area of expertise	<ul style="list-style-type: none"> • 0-1 • 1-3 • 4-6 • 7-9 • 10 or more 	1 2 3 4 5
Professional Letters of reference (2)	Relevant to work and descriptive	0 or 5
Courses – x 2 (each course = 10 points)	<ul style="list-style-type: none"> • Refining the Skills • Child Care Health Consultation 	10 points each course
Bonus points may be earned for these specific additional courses = 5 points each	<ul style="list-style-type: none"> • Strengthening Families Environment Rating Scales (available on line) • CLASS • QRIS (review complete) 	
	Total Possible points = 65	

More than 20 points necessary to be approved by IdahoSTARS.

Understand that all day care personnel are required to report suspected child abuse and neglect within 24 hours to local Child Protection personnel. <http://www3.state.id.us/cgi-bin/newidst?sctid=160160005.K>

Please return request to: **Program Director, Mentor/Coaching Resources, Idaho AEYC 1471 Shoreline Dr., Ste. 202, Boise, ID 83702**
Dial Idaho Care Line 2-1-1 FAX: 208.345.6569