**Aspire Course and Event Review**

**Planning Template**

1. **Course Overview**

**Title:** Shared Source a Place to go to Save Money and Time

**PD Type:** Professional Development Session

**PD Level:** Choose an item.

**Description:**

*Please provide a 1-paragraph description of your training session. What content will you cover? What will participants get out of the session?*

*Early Childhood Professionals in centers and homes are you looking to add time in your day and money in your budget? Come learn about SharedSource ECNY’s resources, which include:*

1. *Sample Handbooks and Policies*
2. *Budget Templates*
3. *Lesson Plans and Curriculum Development*
4. *Professional Development Support and Resources*
5. *Cost Savings on materials, food, payroll and so much more…*

**Goal:**

*Please provide a general statement(s) that describes the knowledge and/or skills participants will gain upon completing this course.*Upon completion of this session participants will utilize the SharedSource ECNY Platform to help them with time and money savings.

**Learning Objectives:**

*Identify specific and measurable actions that participants should be able to demonstrate that the goal has been met. Consider starting with the phrase: “By the end of this session, participants should be able to…”*

*By the end of this session, participants will be able to:*

1. *Identify the location of 3 different resources on the SharedSource ECNY for program development.*
2. *Articulate 3 different cost savings programs on the platform that can save money in their current budget.*
3. *Locate 3 different templates to assist in meeting regulations.*

1. **Competency Areas**

**Course Category:** Choose an item.

**Course Hours:**

*(This should reflect the amount of instructional time the course covers and should not include meals, breaks, etc.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CBK Core Competency Area(s):** | | | **OCFS Topics:** | | |
| 1.Child Growth and Development: | Hours: |  | 1. Principles of Childhood Development | Hours: |  |
| 2. Family and Community Relationships | Hours: |  | 2. Nutrition and Health | Hours: |  |
| 3. Observation and Assessment | Hours: |  | 3. Child Day Care Program Development | Hours: |  |
| 4. Environment and Curriculum | Hours: |  | 4. Safety and Security Procedures | Hours: |  |
| 5. Health, Safety and Nutrition | Hours: |  | 5. Business Record Maintenance and Management | Hours: | 1.5 |
| 6. Professionalism and Leadership | Hours: | .75 | 6. Child Abuse and Maltreatment Identification and Prevention | Hours: |  |
| 7. Administration and Management | Hours: | .75 | 7. Statutes and Regulations pertaining to Child Day Care | Hours: |  |
|  | **Total CBK Hours:** | **1.5** | 8. Statuses and Regulations pertaining to Child Abuse and Maltreatment | Hours: |  |
|  |  |  | 9. Education and Information on the Identification, Diagnosis and Prevention of Shaken Baby Syndrome | Hours: |  |
|  |  |  |  | **Total OCFS Hours:** | **1.5** |

1. **Instructional Plan**

**Prerequisites (optional)**

*List any prerequisites or advanced preparations required for participants of this training.*

Click here to enter text.

**Diversity/Inclusion (optional)**

*Briefly explain how cultural diversity and inclusion will be addressed within this training.*

Click here to enter text.

**Outline of Training Content, Training Methods and Training Timeline   
(required for multi-session courses):**

*Does the content reflect and support the objectives? Briefly describe each section of the training, including the content, the methods to be used, and the estimated time to complete each section.*

Click here to enter text.

**Training Activity (optional)**

*Do the activities reflect and support the objectives? Give an example of an activity that will be used during the training.*

Click here to enter text.

**Assessment of Learning Objectives (optional)**

*How will you evaluate what participants have gained from your session? Please provide an example that relates to your learning objectives.*

Click here to enter text.

**Training Material List (optional)**

*Provide a list of materials (flip chart, video, books, etc.) needed for the training.*

Click here to enter text.

**Training Evaluation (optional)**

*How will you collect and utilize feedback from your session? Please provide an example.*

Click here to enter text.

**Major Resources Used to Develop Training (optional)**

*Do the resources reflect current knowledge and support evidence based practice, including diversity and inclusion? Provide titles, authors and sources.*

Click here to enter text.

**PROFESSIONAL DEVELOPMENT PROVIDER(S):**

**Aspire ID(s):** Click here to enter ID

**Name(s):** Click here to enter text.

**ADDITIONAL COURSE DETAILS**

**Target Audience:**

|  |  |  |
| --- | --- | --- |
| Teachers | Administrators | Family Child Care Providers |
| Parents | Parent Educators | PD Providers  Other**:** Click here to enter text. |
|  |  |  |
|  |  |  |
|  |  |  |

**Developmental Focus:**

|  |  |  |
| --- | --- | --- |
| Infants | Toddlers | Preschoolers (3-5) |
| Kindergarten through Grade 2 | Grade Three through Five | Middle (6th-8th grade) |
| Secondary (High School) | Adults |  |
|  | | |

**ASSESSMENT AND INSTRUCTIONAL METHODS**

**Assessment/Evaluation:**

Pre/Post Test

Self-Report

Q&A

Demonstration

Demonstration After

Assignment

Other: Click here to enter text.

**Instructional Methods and Techniques:**

|  |  |  |
| --- | --- | --- |
| Case Scenarios/Case Studies | Lecture | Small Group Discussion |
| Demonstration and Practice | Panel Discussion | Task Exercises |
| Games/Activities | Power Point Presentation | Teach Back/Presentations |
| Handouts | Q&A | Video/CD/DVD |
| Hands-on Activities | Reflection | Other: Enter text. |
| Large Group Discussion | Role Play |  |