



TEACHER NEW EMPLOYEE TRAINING DOCUMENTATION



Name: _____

ChildPlus				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual(s)	<input type="checkbox"/> ChildPlus.net Manual			
	<input type="checkbox"/> Create ChildPlus Logon			
	<input type="checkbox"/> Setup Computer for New Employee Use			
	<input type="checkbox"/> General Computer use (Logon, e-mail, Internet/CCS Portal)			
ChildPlus Orientation	<input type="checkbox"/> ChildPlus Logon			
	<input type="checkbox"/> Attendance Tracking			
	<input type="checkbox"/> Entering Home Visits/Conferences/Individualization			
	<input type="checkbox"/> Entering Developmental Screeners			
	<input type="checkbox"/> ChildPlus Reports			

Education Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Services Manual	<input type="checkbox"/> Program Services Manual			
Education Services Overview	<input type="checkbox"/> Performance Standards			
	<input type="checkbox"/> Teacher Qualifications			
	<input type="checkbox"/> Training and Support Services			
	<input type="checkbox"/> STARS Information & Identification Number			
	<input type="checkbox"/> Education Timelines/Calendar			
	<input type="checkbox"/> Classroom Resources			
	<input type="checkbox"/> Program Foundational Curriculum			
	<input type="checkbox"/> Developmentally Appropriate Practice			
Roles and Responsibilities	<input type="checkbox"/> Lead Teacher (LT)			
	<input type="checkbox"/> Associate Teacher (AT)			
	<input type="checkbox"/> Case Management			
	<input type="checkbox"/> Direct Service Team (DST)			
Classroom Operations	<input type="checkbox"/> Safety Plan (Name Tags)			
	<input type="checkbox"/> Environments (Creative Curriculum)			
	<input type="checkbox"/> Classroom Organization (Routines/Schedules)			
	<input type="checkbox"/> Class Overview (Preschool Only)			
	<input type="checkbox"/> Meal Counts, Attendance			
	<input type="checkbox"/> Emergency Notebook			
	<input type="checkbox"/> Sign-In/Sign-Out Book (Daily Communication Log – IT)			
	<input type="checkbox"/> Volunteers/In-Kind			
	<input type="checkbox"/> Equipment Needs (Budgets, Inventory)			
Curriculum / Required Components	<input type="checkbox"/> Field Trips			
	<input type="checkbox"/> Pedestrian Safety			
	<input type="checkbox"/> Integrated Components - MH, 2 nd Step, Nutrition, Health, Safety			

Education Services continued				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Curriculum Planning	<input type="checkbox"/> Timelines			
	<input type="checkbox"/> Teaching Strategies GOLD; submissions to CS			
	<input type="checkbox"/> Parent Input			
	<input type="checkbox"/> Posting			
	<input type="checkbox"/> TSG Individual Child Plan/IEP's or IFSP's			
	<input type="checkbox"/> Home Visit Content			
Initial Parent Contact	<input type="checkbox"/> Developmental History			
	<input type="checkbox"/> Initial Family Conference Form			
	<input type="checkbox"/> Developmental & Behavioral Screenings – ASQ (Child Plus Documentation)			
	<input type="checkbox"/> Home Learning Plan/In-Kind			
Home Visits / Conferences / TSG forms	<input type="checkbox"/> Timelines			
	<input type="checkbox"/> Content			
	<input type="checkbox"/> Forms/Documentation (Child Plus)			
	<input type="checkbox"/> TSG Family Conference Forms			
Screening	<input type="checkbox"/> Developmental & Behavioral Screenings (ASQ)			
	<input type="checkbox"/> FSC Screening/Documentation Tasks – Height, Weight, Vision, Hearing (Sharing/Using Information)			
	<input type="checkbox"/> Rescreen/Referral Process			
On-going Assessment	<input type="checkbox"/> Observation Records/Evidence - TSG			
	<input type="checkbox"/> TSG Checkpoints			
Child Outcomes Reporting	<input type="checkbox"/> TSG Reports			
	<input type="checkbox"/> CS Monitoring			
Child and Family Files	<input type="checkbox"/> File Sections			
	<input type="checkbox"/> Education Staff Responsibilities			
Behavior Management	<input type="checkbox"/> Crisis Prevention Institute Training (CPI)			
	<input type="checkbox"/> Positive Guidance			
	<input type="checkbox"/> 2 nd Step/Talk About Touching - Preschool			
	<input type="checkbox"/> Circle of Security & ARC Framework			
	<input type="checkbox"/> Behavior Incident Report Forms			
Transitions / Transfers	<input type="checkbox"/> EHS to HS (Preschool Transition Checklist)			
	<input type="checkbox"/> HS to HS			
	<input type="checkbox"/> HS to ECEAP or Other Outside Agency			
	<input type="checkbox"/> HS to Kindergarten (Kindergarten Transition Checklists)			

Parent Engagement				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Overview	<input type="checkbox"/> Introduction to PFCE			
	<input type="checkbox"/> Parent Engagement and School Readiness			

Parent Engagement continued				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Parent Engagement Opportunities	<input type="checkbox"/> Building Relationship with Families			
	<input type="checkbox"/> Parent Orientation			
	<input type="checkbox"/> Parent Education Opportunities			
	<input type="checkbox"/> Child Assessment and Screenings			
	<input type="checkbox"/> Home Visit			
	<input type="checkbox"/> Parent Teacher Conferences			
	<input type="checkbox"/> Home Learning Activities			
	<input type="checkbox"/> Involving fathers			
Legal	<input type="checkbox"/> Rights of Parents, custodial and non-custodial			
	<input type="checkbox"/> Court Orders			
	<input type="checkbox"/> Subpoenas			

Disability Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual(s)	<input type="checkbox"/> Program Services Manual			
Disability Overview	<input type="checkbox"/> Head Start Performance Standards			
	<input type="checkbox"/> Disability Service Plan			
	<input type="checkbox"/> Role of Specialists			
	<input type="checkbox"/> Parent Support Resources			
	<input type="checkbox"/> IHPs/Supportive Materials/Equipment			
	<input type="checkbox"/> Documenting in Child's File			
	<input type="checkbox"/> Teacher Tip Sheet			
	<input type="checkbox"/> Developmental Disabilities Grant			
When to Refer	<input type="checkbox"/> CAPE classrooms			
	<input type="checkbox"/> Parent Input			
	<input type="checkbox"/> Screeners			
Child Find	<input type="checkbox"/> Observations			
	<input type="checkbox"/> Definition			
	<input type="checkbox"/> Referral Process (ITN or SPS)			
	<input type="checkbox"/> Paperwork			
	<input type="checkbox"/> Notifying Disability Specialist			
Disability Paperwork	<input type="checkbox"/> Participation of DST			
	<input type="checkbox"/> Parent Consent			
	<input type="checkbox"/> Assessment Results			
Transitioning of Children with IEPs/IFSPs	<input type="checkbox"/> IEP/IFSP			
	<input type="checkbox"/> EHS to HS			
	<input type="checkbox"/> HS to HS			
Child Plus	<input type="checkbox"/> HS to Other			
	<input type="checkbox"/> Documentation			

Mental Health				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual(s)	<input type="checkbox"/> Program Services Manual			
Mental Health Orientation	<input type="checkbox"/> Performance Standards			
	<input type="checkbox"/> Behavior Screening - ASQ SE			
	<input type="checkbox"/> Second Step Curriculum			
Working with Parents	<input type="checkbox"/> Staff/Parent Collaboration			
	<input type="checkbox"/> Child Development and Growth			
	<input type="checkbox"/> Responding to Child Needs			
Mental Health Consultants (MHC)	<input type="checkbox"/> MHC Role			
	<input type="checkbox"/> MHC Documentation			
Referrals	<input type="checkbox"/> When to Make a Referral			
	<input type="checkbox"/> To Whom to Make a Referral			
	<input type="checkbox"/> Forms			
Documentation	<input type="checkbox"/> Child File			
	<input type="checkbox"/> PIR Log			
	<input type="checkbox"/> ChildPlus and MH Referrals			
Training	<input type="checkbox"/> Crisis Prevention Institute (CPI)			
	<input type="checkbox"/> Circle of Security (COS): Classroom Edition			
	<input type="checkbox"/> ARC Framework			

Health Services				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual(s)	<input type="checkbox"/> Program Services Manual			
Role and Responsibility	<input type="checkbox"/> Child File – Health Records			
	<input type="checkbox"/> Screenings			
	<input type="checkbox"/> IHP (online)			
	<input type="checkbox"/> Medication Administration			
	<input type="checkbox"/> First-Aid Kits/Supplies/Inventory (classroom & home visitors)			
	<input type="checkbox"/> Emergency Notebook			
Emergency Notebook	<input type="checkbox"/>			
Mandatory Health & Safety Postings	<input type="checkbox"/>			
Tooth Brushing	<input type="checkbox"/> Program System			
Health & Dental History	<input type="checkbox"/> Completion			
	<input type="checkbox"/> Assessment			
	<input type="checkbox"/> Review with Parent			
Hand Washing	<input type="checkbox"/>			
Diaper Changing	<input type="checkbox"/> Infant/Toddler			
Medication Management & Administration	<input type="checkbox"/> Training Folder			
	<input type="checkbox"/>			

Health Services continued				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Individual Health Plan (IHP)	<input type="checkbox"/> Program System			
Head Lice	<input type="checkbox"/> Program System			
Sick Children	<input type="checkbox"/>			
Minor Incident/Accident Report	<input type="checkbox"/>			
CCS Incident / Accident Report	<input type="checkbox"/> Online Report			
	<input type="checkbox"/> Program System			
Child File	<input type="checkbox"/> Documentation Section			
	<input type="checkbox"/> Health Section			
Forms: AIG Life Insurance Claim	<input type="checkbox"/> Form Use			
First-Aid Kit Inventory	<input type="checkbox"/> Online Form (Checklist)			
	<input type="checkbox"/> Expectations			

Nutrition				
General Topic	Specific Topic Introductions	Date	Trainee Initials	Trainer Initials
Service Manual(s)	<input type="checkbox"/> Program Services Manual			
Pre-Attendance	<input type="checkbox"/> Planning			
CACFP	<input type="checkbox"/> Rules & Regulations			
Meal Service	<input type="checkbox"/> "Family Style" in Classroom			
Food Safety and Sanitation	<input type="checkbox"/> Hand Washing			
	<input type="checkbox"/> Work Area Sanitation			
	<input type="checkbox"/> Food Temps			
	<input type="checkbox"/> Cross Contamination			
	<input type="checkbox"/> Food Allergies			
Child Care Licensing	<input type="checkbox"/> Requirements			
Food / Nutrition	<input type="checkbox"/> General Information			
	<input type="checkbox"/> Food Experiences			
	<input type="checkbox"/> Nutrition Curriculum			