

California's Early Start Personnel Development Fund

*Supporting Professional Development
for Personnel Who Provide Early
Intervention Services*

SCHOLARSHIPS
2011
2012



*for Infants
and
Toddlers
with
Disabilities
and Their
Families*

Overview

In 1993, Part C of the Individuals with Disabilities Education Act (IDEA) was implemented to enhance and coordinate quality early intervention services for infants and toddlers, birth-3 years, who have a developmental delay or an established risk condition. In California, these services come under a system called Early Start. IDEA also includes a requirement that qualified and appropriately trained personnel deliver early intervention services and Early Start's Comprehensive System of Personnel Development (CSPD) provides the framework for coordinating the delivery of personnel development activities throughout California to meet this requirement.

Since 1996, the Department of Developmental Services, lead agency for Part C, has supported Early Start's CSPD by offering training scholarships and grants to enhance the qualifications and competencies of personnel who provide early intervention services. The Early Start Personnel Development Fund provides supplemental funding to assist personnel in local programs and agencies to:

1. attend statewide training opportunities
2. implement local training events that address community-specific needs
3. encourage professionals to specialize in the field of early intervention
4. establish or refine innovative procedures or processes that enhance the quality of Early Start services

By accessing Early Start Personnel Development Funds, agencies and programs can supplement their local personnel development plans and realize the following benefits:

- ⇒ Promote a consistent philosophy
- ⇒ Encourage positive attitudes
- ⇒ Enhance staff self-esteem and morale
- ⇒ Increase knowledge and skills
- ⇒ Enrich service coordination and service delivery practices
- ⇒ Build team cohesiveness
- ⇒ Recruit and train quality staff
- ⇒ Provide opportunities for cross-program support
- ⇒ Enrich multidisciplinary team practices

Applications may be submitted to the WestEd Center for Prevention and Early Intervention (CPEI), administrator of the scholarship fund. Waivers to the maximum award amount will be considered by the Scholarship Review Committee on an individual basis for each specific event (priority will be given to attendance at Early Start-sponsored activities) based on justification to be submitted by the requesting program/agency and on availability of funding. Technical assistance regarding the application process is available through WestEd CPEI. If you have questions, please contact:

Stephanie Myers, WestEd CPEI
916.492.4032 • smyers@wested.org

Patric Widmann, Department of Developmental Services
916.654.3722



TABLE OF CONTENTS

Attendance Scholarship

Award Criteria 2

Attendance Application for Programs/Agencies 4

Itemized Training Expenses for Programs/Agencies 5

Verification of Responsibility for Programs/Agencies 6

Verification of Attendance for Programs/Agencies 7

Attendance Application for Regional Center-Vendored Specialists 8

Itemized Training Expenses for Regional Center-Vendored Specialists 9

Verification of Responsibility for Regional Center-Vendored Specialists 10

Verification of Attendance for Regional Center-Vendored Specialists 11

College Coursework Scholarship

Award Criteria 12

College Coursework Application for Programs/Agencies 14

Itemized College Coursework Expenses for Programs/Agencies 15

Verification of Responsibility for Programs/Agencies 16

Verification of College Coursework Completion for Programs/Agencies 17

College Coursework Application for Regional Center-Vendored Specialists 18

Itemized College Coursework Expenses for Regional Center-Vendored Specialists 19

Verification of Responsibility for Regional Center-Vendored Specialists 20

Verification of College Coursework Completion for Regional Center-Vendored Specialists 21

Core Messages for Effective Training and Technical Assistance 22

Early Start Institute Schedule Back Cover

ATTENDANCE SCHOLARSHIP

Award Criteria

INTENT

- ☞ Encourage personnel delivering early intervention and transition services to attend trainings to enhance their qualifications and competencies to provide quality services to infants and toddlers and their families who are eligible for California Early Start.
- ☞ Promote best practices in early intervention.

ELIGIBLE APPLICANTS

- ☞ Regional Center (RC) staff
- ☞ RC-vendored early intervention program staff
- ☞ Individual RC-vendored specialists who provide Early Start services
- ☞ Local education agency early intervention staff
- ☞ Service Coordinators
- ☞ Early Start Family Resource Center staff
- ☞ Early Head Start staff
- ☞ Head Start or other child development program personnel providing early intervention services during transition

EXAMPLES OF TRAINING TOPICS

Early intervention focusing on:

- | | |
|--|------------------------------------|
| ☞ Typical & Atypical Child Development | ☞ Infants with Special Needs |
| ☞ Families with Infants and Toddlers | ☞ Community Resources |
| ☞ Early Start Requirements | ☞ Interagency Teaming |
| ☞ Cultural Awareness | ☞ Parent/Professional Partnerships |
| ☞ Relationship-Based Services | ☞ Other approved topics |
| ☞ Natural Environments | |

ELIGIBLE EVENTS

- ☞ Early Start CSPD Statewide Institutes (check www.wested.org/cpei for Early Start Institute schedule)
- ☞ Early Start Special Topic Trainings
- ☞ Relevant state-facilitated trainings or other field-based training activities on early intervention*
- ☞ Conferences focusing on early intervention**

REQUIREMENTS

- ☞ Completed and signed *Attendance Scholarship Application* submitted no later than five days prior to training.***
- ☞ Official training event description submitted with *Attendance Scholarship Application*.
- ☞ *Verification of Responsibility* signed by Administrator or Supervisor and submitted with the completed and signed application.
- ☞ Completed and signed *Verification of Attendance* form submitted within five days following the training to prevent cancellation of the award.
- ☞ Application faxed to 916.492.4002 or mailed to WestEd CPEI, ES Scholarships, 1000 G Street, Suite 500, Sacramento, CA 95814.
- ☞ Applicants or their agency of employment are responsible for paying all registration fees, including those for Early Start Institutes. Scholarship funds are awarded as a reimbursement for training expenses.

*Requests for out-of state events are not eligible and will not be considered.

**Events other than Early Start Institutes are limited to three individuals for each training event up to the maximum award amount.

***Incomplete applications will be returned. No exceptions.

ANNUAL AWARD*

- ☞ Total annual award may not exceed \$2,700 per agency.
- ☞ Awards for one staff person within an agency may not exceed \$450 *annually*.
- ☞ RC-vendored programs may add an additional \$100 per individual award for staff release time.
- ☞ Individual RC-vendored specialists may apply for up to \$550 annually.

ELIGIBLE EXPENSES**

Reimbursement of travel expenses is based on state-approved rate. Meals/per diem *are not* covered. Funds are intended to supplement costs related to:

- ☞ Travel & mileage
- ☞ Airport/train, parking
- ☞ Lodging
- ☞ Registration
- ☞ Staff release time for RC-vendored early intervention programs only

TIMELINE

- ☞ Deadline for submission of all Attendance Applications for the 2011-12 fiscal year is June 22, 2012.

FUNDING LIMITATIONS

- ☞ Scholarship awards are contingent upon the appropriation of funds by the Legislature via the Annual Budget Act and for as long as the funds are available.

*Scholarship funds are intended to supplement a portion of training costs. Agency of employment must be willing to administer and guarantee appropriate expenditure of funds. See Verification of Responsibility for Programs/Agencies.

** Collaborative funding is strongly encouraged. Applicants should identify all available funding resources.



Attendance Application for Programs/Agencies

**Applicants or their agency of employment are responsible for paying all registration fees.
This is a scholarship of reimbursement.**

(Page 1 of 3)

PROGRAM/AGENCY (No acronyms--must spell out name) _____

PROGRAM/AGENCY ADDRESS _____

CITY _____ ZIP CODE _____

CONTACT PERSON _____

TELEPHONE () _____ FAX () _____

E-MAIL _____

CHECK SHOULD BE SENT TO NAME OF PROGRAM/AGENCY (IF DIFFERENT FROM ABOVE)

ADDRESS _____

CITY _____ ZIP CODE _____

PRIMARY REGIONAL CENTER SERVING YOUR AREA: _____

(Refer to enclosed map in packet or visit www.dds.ca.gov/RC/RCLookup.cfm)

Program/Agency Type (MUST check one)

- Regional Center Regional Center Field Office (location): _____
- Regional Center-Vendor Number (Required) _____
- Local Education Agency (Infant Education) Early Start Program
- Medical Early Care and Education Family Resource Center
- Preschool Transition Other Early Intervention Program _____

NAME OF TRAINING EVENT (No acronyms--must spell out name)* _____

DATE OF TRAINING _____ LOCATION OF TRAINING _____

Staff Requesting Funds	Education Level** (AA, BA, MA, etc.)	Field of Study/ Major	Role in Agency/Program	% of Early Start Eligible Caseload (birth to 3 years)
1.				%
2.				%
3.				%

Events other than Early Start Institutes are limited to three individuals for each training event up to the maximum award amount.

*Submit a separate application for each training event. **Incomplete applications will be returned.** No exceptions. Applications are available via e-mail at smyers@wested.org or at www.wested.org/cpei/scholarship.pdf.

**High School Diploma, Paraprofessional (3 Units), Associate of Arts (AA), Bachelor of Arts (BA), Master of Arts (MA), Doctorate of Education (Ed.D.), Doctorate of Philosophy (Ph.D.), Education Specialist (Ed.S.), Credential, Certificate, License.



Itemized Training Expenses for Programs/Agencies

(Page 2 of 3)

Important Information

It is **strongly** recommended due to budget constraints that participants be budget conscious by: sharing rides, sharing rooms and make airline reservations well in advance to obtain the least expensive air fare.

Scholarship funds are limited*.

Apply for scholarships EARLY. Scholarships can always be changed or cancelled. Scholarships are limited to funding, therefore apply early.

Scholarship Reimbursement Worksheet

Applicants or their agency of employment are responsible for paying all registration fees, including those for Early Start Institutes. Fill in totals or write N/A in line provided.

Maximum state-approved daily room rate up to \$84 + tax per night. For trainings held in Los Angeles and San Diego counties, maximum state-approved daily room rate up to \$110 + tax. For San Francisco, Alameda, San Mateo, and Santa Clara counties, maximum state-approved daily room rate up to \$140 + tax. Meals/per diem do not qualify for scholarship funds.

				Totals
Registration Fee	\$ _____	x # of individuals _____	=	\$ _____
Airfare	\$ _____	x # of individuals _____	=	\$ _____
Airport Parking	\$ _____	x # of cars _____	=	\$ _____
Other Parking	\$ _____	x # of cars _____	=	\$ _____
Shuttle	\$ _____	x # of individuals _____	=	\$ _____
Mileage	_____ Mileage (round trip) x # cars x <u>.55</u> <small>(e.g.: 20 miles x 2 cars x .55 = \$20.40)</small>		=	\$ _____
Lodging	\$ _____ <small>cost per night</small>	+ tax _____ x _____ <small># of rooms</small>	x _____ <small># of nights</small>	= \$ _____

For Regional Center-Vendored Programs only:

Staff release time for number of staff _____ x \$ _____ = \$ _____
of staff

Total expenses = \$ _____

Total award requested
(Award checks are made out to the program/agency only) = \$ _____

Office Use Only: Award approved by Scholarship Committee: \$ _____
_____ SRC Initial

For our evaluation process please tell us how this training opportunity benefits your professional or program training plans. Please check as many boxes as apply.

- Develop new intervention skills
- Enhance existing early intervention skills
- To improve services with children and families
- To learn the latest approaches and current evidence for early intervention

* Scholarship funds are intended to supplement a portion of training costs. Agency of employment must be willing to administer and guarantee appropriate expenditure of funds. See Verification of Responsibility for Programs/Agencies.

** Collaborative funding strongly encouraged. Applicants should identify all available funding resources.

Incomplete applications will be returned. No exceptions. Applications are available on line at www.wested.org/cpei/scholarship.pdf.



Verification of Responsibility for Programs/Agencies

(Page 3 of 3)

Check each item to indicate that you have read each section.

- I/We understand that the entirely completed *Attendance Scholarship Application* must be submitted no later than *five days* prior to the training event.
- I/We certify that the information provided in the *Attendance Scholarship Application* is complete and accurate.
- I/We have included the required official training description and a copy of the completed event Registration Form. Applications without official descriptions included will not be considered.
- If an *Attendance Scholarship* is granted, I/we understand the check is made out to our agency and we agree that the Early Start Scholarship funds are only used for the scholarship recipient(s) and for the purpose(s) identified on the application.
- I/We agree that our program/agency accepts full responsibility for receiving and disbursing Early Start Scholarship funds, and will keep on file documentation of approved expenses (i.e., receipts for designated staff).
- To prevent cancellation of the award, I/we will complete and sign the *Verification of Attendance for Programs/Agencies* form. This form, along with evidence of attendance (i.e., attendance certificate or registration/tuition/fee receipt), will be submitted to WestEd CPEI within *15 days following* the conclusion of the training event, conference, or workshop. The scholarship award will automatically be cancelled without notification if Verification of Attendance is not received within the set timeline.
- I/We understand that all Early Start scholarship recipients must complete the entire training in order to be reimbursed with Scholarship funds. **Early Start Institute participants must submit a copy of their signed Certificate of Completion.**
- I/We have read, understand and accept the terms and conditions of the Early Start Scholarship Fund.

*PARTICIPANT SIGNATURE	PRINT NAME	DATE
------------------------	------------	------

SUPERVISOR'S SIGNATURE	PRINT NAME	DATE
------------------------	------------	------

SUPERVISOR'S TELEPHONE #	EMAIL ADDRESS (IF DIFFERENT FROM APPLICATION)
--------------------------	---

FINANCIAL OFFICER SIGNATURE (IF APPROPRIATE)	PRINT NAME	DATE
--	------------	------

*If more than one participant is listed on the application, have the lead sign as the representative for the group.

* Scholarship funds are intended to supplement a portion of training costs. Agency of employment must be willing to administer and guarantee appropriate expenditure of funds. See Verification of Responsibility for Programs/Agencies.

** Collaborative funding strongly encouraged. Applicants should identify all available funding resources.

Incomplete applications will be returned. No exceptions. Applications are available on line at www.wested.org/cpei/scholarship.pdf.



Verification of Attendance for Programs/Agencies

(Submit within five days following the conclusion of the training)

To prevent cancellation of the Attendance Scholarship award, the individual participant and administrator or supervisor must complete and sign this form. The form and confirmation of completion (i.e., registration fee receipt or attendance certificate*) must be submitted to WestEd CPEI within *five days following* the conclusion of the training.

INDIVIDUAL WHO ATTENDED THE TRAINING *(Please print)* PROGRAM/AGENCY

NAME OF TRAINING

DATE(S) OF TRAINING LOCATION

As a result of the training you attended:

1. What are the three most significant concepts you learned?
 - a. _____
 - b. _____
 - c. _____
2. What three things will you do differently in the future as you work with infants, families, and other professionals?
 - a. _____
 - b. _____
 - c. _____
3. What three concepts/facts do you wish had been covered in the training?
 - a. _____
 - b. _____
 - c. _____
4. How will you share what you've learned with others? (Check all that apply.)

<input type="checkbox"/> Share resource materials	<input type="checkbox"/> Lunchtime discussions
<input type="checkbox"/> Staff meeting presentations	<input type="checkbox"/> Interagency staff presentations
<input type="checkbox"/> Conduct community workshop for parents and professionals	
<input type="checkbox"/> Other _____	

I verify that I completed this entire training as specified by the dates on the Scholarship Application.

PARTICIPANT'S SIGNATURE** DATE

ADMINISTRATOR/SUPERVISOR'S SIGNATURE** DATE

ADMINISTRATOR/SUPERVISOR'S E-MAIL

*If this Scholarship Award is for an Early Start Institute event, a signed Certificate of Attendance must be attached for reimbursement.

**Required for processing award check.



Attendance Application for Regional Center-Vendored Specialists*

(Page 1 of 3)

INDIVIDUAL REGIONAL CENTER-VENDORED SPECIALIST NAME *(Please print)* _____

VENDOR # (REQUIRED) _____ SOCIAL SECURITY # (REQUIRED) _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE () _____ FAX () _____

E-MAIL _____

PRIMARY REGIONAL CENTER SERVING YOUR COUNTY _____
(Visit www.dds.ca.gov/RC/RCLookup.cfm for a regional center list)

EDUCATION LEVEL (AA, BA, MA, ETC.)** _____ FIELD OF STUDY/MAJOR _____

ROLE IN AGENCY/PROGRAM _____ % OF EARLY START ELIGIBLE CASELOAD (BIRTH TO 3 YEARS) _____ %

NAME OF TRAINING EVENT _____

DATE OF TRAINING EVENT _____ LOCATION _____

*(Applicants are responsible for paying all registration fees. An **official description** of the training **must be attached** with copies of the completed event registration form. Requests for out-of-state trainings will not be considered.)*

How will this training opportunity benefit professional training plans?

- | | |
|--|--|
| <input type="checkbox"/> Develop individual's new early intervention skills | <input type="checkbox"/> Training of trainer |
| <input type="checkbox"/> Enhance individual's existing early intervention skills | <input type="checkbox"/> Affect systems change |
| <input type="checkbox"/> Develop or enhance interagency skills | <input type="checkbox"/> Meet CEU requirement |
| <input type="checkbox"/> Enhance administrator's skills | <input type="checkbox"/> Advancement in position |

*Submit a separate application for each training event. Incomplete applications will be returned. No exceptions. Applications are available via e-mail at smyers@wested.org or at www.wested.org/cpei/scholarship.pdf. Applicants are responsible for registering for the event they plan to attend and should pay the registration fee.

**High School Diploma, Paraprofessional (3 Units), Associate of Arts (AA), Bachelor of Arts (BA), Master of Arts (MA), Doctorate of Education (Ed.D.), Doctorate of Philosophy (Ph.D.), Education Specialist (Ed.S.), Credential, Certificate, License.



Itemized Training Expenses for Regional Center-Vendored Specialists

(Page 2 of 3)

	Totals
Registration Fee*	\$ _____
Airfare	\$ _____
Airport Parking	\$ _____
Other Parking	\$ _____
Shuttle	\$ _____
Mileage (round trip) _____ x .55	= \$ _____
Lodging \$ _____ + tax _____ x _____ x _____	= \$ _____
<i>cost per night</i>	<i># of rooms</i>
	<i># of nights</i>

Maximum state-approved daily room rate up to \$84 + tax per night. For trainings held in Los Angeles and San Diego counties, maximum state-approved daily room rate up to \$110 + tax. For San Francisco, Alameda, San Mateo, and Santa Clara counties, maximum state-approved daily room rate up to \$140 + tax. Meals/per diem do not qualify for scholarship funds.

Staff release time	Rate of Pay \$ _____	x # of hours _____	=	\$ _____
		Total expenses	=	\$ _____
		Total award requested	=	\$ _____

Other funding that will supplement the potential scholarship award:

Funding Source: _____ Amount: _____

Office Use Only: Award approved by Scholarship Committee: \$ _____ SRC Initial _____

INDIVIDUAL REGIONAL CENTER-VENDORED SPECIALIST SIGNATURE _____ TITLE _____

DATE _____

*Applicants or their agency of employment are responsible for paying all registration fees, including those for Early Start Institutes.



Verification of Responsibility for Regional Center-Vendored Specialists

(Page 3 of 3)

- I understand that the *Attendance Scholarship Application Form* must be submitted no later than *five days prior* to the training event.
- I certify that the information provided in the *Attendance Scholarship Application* is complete and accurate.
- I have completed and signed the two-page *Attendance Scholarship Application*.*
- I have included the required official training description and a copy of the completed event Registration Form.
- If an *Attendance Scholarship* is granted, I understand the check is made out to me and I agree that the Early Start Scholarship funds are only used for the purpose(s) identified on the application.
- To prevent cancellation of the award, I will complete and sign the *Verification of Attendance for Individual Regional Center Vendored Specialists* form. This form, along with evidence of attendance (i.e., registration/tuition/fee receipt or attendance certificate), will be submitted to WestEd CPEI within *15 days following* the training event, conference, or workshop.
- I understand that all training participants must complete the entire training in order to be reimbursed with Scholarship funds. Early Start Institute participants must submit a copy of their Certificate of Completion.

INDIVIDUAL REGIONAL CENTER-VENDORED SPECIALIST'S NAME *(Please print)* _____

TITLE _____ () TELEPHONE _____

SIGNATURE _____ DATE _____

*Incomplete applications will be returned. No exceptions.



**Verification of Attendance for
Regional Center-Vendored Specialists**
(Submit within five days following the conclusion of the training)

To prevent cancellation of the Attendance Scholarship award, the individual participant must complete and sign this form. The form and confirmation of completion (i.e., registration fee receipt or attendance certificate*) must be submitted to WestEd CPEI within *five days following* the conclusion of the training.

INDIVIDUAL WHO ATTENDED THE TRAINING *(Please print)* _____

NAME OF TRAINING _____

DATE(S) OF TRAINING _____ LOCATION _____

As a result of the training you attended:

1. What are the three most significant concepts you learned?
 - a. _____
 - b. _____
 - c. _____
2. What three things will you do differently in the future as you work with infants, families, and other professionals?
 - a. _____
 - b. _____
 - c. _____
3. What three concepts/facts do you wish had been covered in the training?
 - a. _____
 - b. _____
 - c. _____
4. How will you share what you've learned with others? (Check all that apply.)
 - Share resource materials
 - Lunchtime discussions
 - Staff meeting presentations
 - Interagency staff presentations
 - Conduct community workshop for parents and professionals
 - Other _____

I verify that I completed this entire training as specified by the dates on the Scholarship Application.

INDIVIDUAL REGIONAL CENTER-VENDORED SPECIALIST SIGNATURE**

DATE

*If this Scholarship Award is for an Early Start Institute event, a signed Certificate of Attendance must be attached for reimbursement.

**Required for processing award check.

COLLEGE COURSEWORK SCHOLARSHIP

Award Criteria

INTENT

- ☞ Support professionals and paraprofessionals in specific disciplines to specialize in the field of early intervention.
- ☞ Obtain and/or maintain discipline-specific registration, license, certificate, or credential.

ELIGIBLE APPLICANTS

- ☞ Regional center (RC) staff
- ☞ RC-vendored early intervention program staff
- ☞ Individual RC-vendored specialists who provide Early Start services
- ☞ Local education agency early intervention staff
- ☞ Service Coordinators
- ☞ Early Start Family Resource Center staff
- ☞ Early Head Start staff
- ☞ Head Start or other child development program personnel providing early intervention services during transition.

Eligible applicants must also be:

- ☞ Individuals needing to obtain and/or maintain their discipline-specific registration, license, credential, or certification.
- ☞ Registered, licensed, certified, or credentialed personnel who wish to specialize in providing services to infants and toddlers eligible for Early Start.
- ☞ Paraprofessionals seeking a Child Development Permit with a specialization in early intervention.

EXAMPLES OF COURSEWORK TOPICS

Early intervention focusing on:

- | | |
|---|-------------------------------|
| ☞ Families with Infants and Toddlers | ☞ Natural Environments |
| ☞ Early Childhood Intervention Strategies | ☞ Early Childhood Assessment |
| ☞ Interagency Multidisciplinary Teaming | ☞ Early Childhood Development |
| ☞ Specialized Early Intervention Populations & Issues | ☞ Other approved topics |

ELIGIBLE COURSEWORK

- ☞ Individual Early Childhood Education (ECE) or Child Development (CD) courses applicable to early intervention; maximum of 3 units each semester.
- ☞ ECE or CD courses needed to obtain Child Development Permit; maximum of 6 semester units. Limited to Early Intervention Assistants (paraprofessional staff).
- ☞ Coursework needed to earn a registration, license, credential, or certificate in an early intervention specified discipline; maximum of one course or 3 units each semester.
- ☞ Coursework that supports the maintenance of a registration, license, credential, or certificate in an early intervention specified discipline; maximum of one course or 3 units each semester.

REQUIREMENTS

- ☞ Course content must apply specifically to children with special needs, ages birth to 3 and their families.
- ☞ Completed *College Coursework Application* and attachments submitted no later than *five days after* the coursework has started.*
- ☞ Application must include a complete official course description from college catalog or syllabus (course must be offered at an accredited community college or university).
- ☞ Signed *Verification of Responsibility* must be submitted with the application.
- ☞ *Verification of College Coursework Completion for Programs/Agencies* form submitted *15 days after* coursework completion with documentation of course completion with a grade of C or better before scholarship funds will be released.
- ☞ Application faxed to 916.492.4002 or mailed to WestEd CPEI, ES Scholarships, 1000 G Street, Suite 500, Sacramento, CA 95814.

ANNUAL AWARD

- ☞ Total award is not to exceed \$2,400 *annually* per program or agency.**
- ☞ Eligible applicants may apply for up to \$600 *annually* to enroll in relevant coursework.
- ☞ Individual RC-vendored specialists may apply for up to \$600 *annually* to enroll in relevant coursework.

ELIGIBLE EXPENSES

Funds may supplement course fees, tuition, and/or books and materials.***

TIMELINE

- ☞ Deadline for submission of all *College Coursework Applications* for the 2011-12 fiscal year is June 15, 2012.

FUNDING LIMITATIONS

- ☞ Scholarship awards are contingent upon the appropriation of funds by the Legislature via the Annual Budget Act and for as long as the funds are available.

*Incomplete applications will be returned. No exceptions.

**Reimbursement of expenses will be paid upon receipt of documentation of course completion with a grade of C or better.

***Scholarship funds are intended to supplement a portion of coursework costs. Agency of employment must be willing to administer and guarantee appropriate expenditure of funds. See *Verification of Responsibility* Form.



College Coursework Application for Programs/Agencies*

(Page 1 of 3)

PROGRAM/AGENCY (Spell out – no acronyms. Please print) _____

PROGRAM/AGENCY ADDRESS _____

CITY _____ ZIP CODE _____

CONTACT PERSON _____

TELEPHONE () _____ FAX () _____

E-MAIL _____

PRIMARY REGIONAL CENTER SERVING YOUR COUNTY _____

(Visit www.dds.ca.gov/RC/RCLookup.cfm for a regional center list)

Program/Agency Type (check one)

- Regional Center Regional Center Field Office (location):
- Regional Center-Vendor Number (Required) _____
- Local Education Agency (Infant Education) Early Start Program
- Medical Early Care and Education Family Resource Center
- Preschool Transition Other Early Intervention Program _____

NAME OF COLLEGE COURSEWORK _____

COLLEGE/UNIVERSITY _____ LOCATION (CITY) _____

DATE COURSEWORK BEGINS _____ ENDS _____ # OF SEMESTER UNITS OR # OF QUARTER UNITS _____

(Applicants or their agency of employment are responsible for coursework registration fees. An **official description** of the coursework from college catalog or syllabus **must be attached** with copies of the completed registration form.)

How will this college coursework benefit professional or program training plans?

- Develop individual's new early intervention skills Training of trainer
- Enhance individual's existing early intervention skills Affect systems change
- Develop or enhance interagency skills Meet CEU requirement
- Enhance administrator's skills Advancement in position

Staff Requesting Funds	Education Level** (AA, BA, MA, etc.)	Field of Study/ Major	Role in Agency/Program	% of Early Start Eligible Caseload (birth to 3 years)
1.				%
2.				%
3.				%

*Incomplete applications will be returned. No exceptions. Applications are available via e-mail at smyers@wested.org or at www.wested.org/cpei/scholarship.pdf.

**High School Diploma, Paraprofessional (3 Units), Associate of Arts (AA), Bachelor of Arts (BA), Master of Arts (MA), Doctorate of Education (Ed.D.), Doctorate of Philosophy (Ph.D.), Education Specialist (Ed.S.), Credential, Certificate, License.



Itemized College Coursework Expenses for Programs/Agencies

(Page 2 of 3)

Expenses

Course/Tuition Fee	\$ _____	(per person)	x _____	# of participants	= \$ _____
Books	\$ _____	(per person)	x _____	# of books	= \$ _____
Materials	\$ _____	(per person)	x _____	# of materials	= \$ _____
Total Expenses					= \$ _____

Office Use Only: Award approved by Scholarship Committee: \$ _____ SRC Initial _____

Statement of Justification: Please explain how this course relates to early intervention/early childhood education and how it will improve your qualifications or advance your career status related to delivering early intervention services to eligible infants and toddlers (birth-3) and their families. Be specific.

Application content and attendance for this training is approved. The official description of the training and a copy of the completed registration form are attached.

PRINT NAME OF ADMINISTRATOR/SUPERVISOR _____ TITLE _____

ADMINISTRATOR/SUPERVISOR SIGNATURE _____ DATE _____

RESPONSIBLE PROGRAM/AGENCY _____

NAME OF PROGRAM/AGENCY CHECK SHOULD BE SENT TO *(if different from page 1)* _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____



Verification of Responsibility for Programs/Agencies

(Page 3 of 3)

- We understand that the *College Coursework Scholarship Application Forms* must be submitted no later than *five days* after the start of the college coursework.
- We certify that the information provided in the *College Coursework Scholarship Application* is complete and accurate.
- We have completed and signed the two-page *College Coursework Scholarship Application*.*
- We have included the required official college coursework description from the college catalog or syllabus.
- If a *College Coursework Scholarship* is granted, we understand the check is made out to the agency and we agree that the Early Start Scholarship funds are only used for the purpose(s) identified on the application.
- To prevent cancellation of the award, we will complete and sign the *Verification of College Coursework Completion Form*. This form, along with a copy of the college transcript, will be submitted to WestEd CPEI within *15 days* following the completion of the coursework.

RESPONSIBLE PROGRAM/AGENCY *(Please print)* _____

ADMINISTRATOR/SUPERVISOR'S NAME _____ TITLE _____

TELEPHONE () _____

SIGNATURE _____ DATE _____

FINANCIAL OFFICER (IF APPROPRIATE) _____

TELEPHONE () _____

SIGNATURE _____ DATE _____

*Incomplete applications will be returned. No exceptions.



Verification of College Coursework Completion for Programs/Agencies*

(Submit to WestEd within 15 days following the conclusion of the course.)

To prevent cancellation of the scholarship award, the individual participant and administrator or supervisor must complete and sign this form. The form and a copy of the college transcript must be submitted to WestEd CPEI within 15 days following the conclusion of the course.

INDIVIDUAL WHO ATTENDED THE COURSE (Please print) _____

NAME OF COURSE _____

DATES OF COURSE _____ COLLEGE/UNIVERSITY _____

As a result of the coursework you completed:

1. What are the three most significant concepts you learned?
 - a. _____
 - b. _____
 - c. _____
2. What three things will you do differently in the future as you work with infants, families, and other professionals?
 - a. _____
 - b. _____
 - c. _____
3. What three concepts/facts do you wish had been covered in the coursework?
 - a. _____
 - b. _____
 - c. _____
4. How will you share what you've learned with others? (Check all that apply)

<input type="checkbox"/> Share resource materials	<input type="checkbox"/> Lunch time discussions
<input type="checkbox"/> Staff meeting presentations	<input type="checkbox"/> Interagency staff presentations
<input type="checkbox"/> Conduct community workshop for parents and professionals	
<input type="checkbox"/> Other _____	

I verify that I completed this coursework as specified by the dates on the Coursework Application.

PARTICIPANT'S SIGNATURE* _____ DATE _____

ADMINISTRATOR/SUPERVISOR'S SIGNATURE* _____ DATE _____

ADMINISTRATOR/SUPERVISOR'S EMAIL _____

*Required for processing award check.



College Coursework Application for Regional Center-Vendored Specialists*

(Page 1 of 3)

INDIVIDUAL REGIONAL CENTER-VENDORED SPECIALIST NAME *(Please print)* _____

VENDOR # (REQUIRED) _____ SOCIAL SECURITY # (REQUIRED) _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE () _____ FAX: () _____

E-MAIL _____

PRIMARY REGIONAL CENTER SERVING YOUR AREA _____

(Visit www.dds.ca.gov/RC/RCLookup.cfm for a regional center list)

EDUCATION LEVEL (AA, BA, MA, ETC.)** _____ FIELD OF STUDY/MAJOR _____

ROLE IN AGENCY/PROGRAM _____

% OF EARLY START CASELOAD (BIRTH TO 3 YEARS) _____

COLLEGE COURSEWORK _____

COLLEGE/UNIVERSITY _____ LOCATION (CITY) _____

DATE COURSEWORK BEGINS _____ ENDS _____ # OF SEMESTER UNITS OR # OF QUARTER UNITS _____

*(Applicants are responsible for paying all registration fees. An **official description** of the college coursework or syllabus **must be attached** with copies of the completed event registration form.)*

How will this training opportunity benefit professional or program training plans?

- | | |
|--|--|
| <input type="checkbox"/> Develop individual's new early intervention skills | <input type="checkbox"/> Training of trainer |
| <input type="checkbox"/> Enhance individual's existing early intervention skills | <input type="checkbox"/> Affect systems change |
| <input type="checkbox"/> Develop or enhance interagency skills | <input type="checkbox"/> Meets CEU requirement |
| <input type="checkbox"/> Enhance administrator's skills | <input type="checkbox"/> Advancement in position |

*Incomplete applications will be returned. No exceptions. Applications are available via e-mail at smyers@wested.org or at www.wested.org/cpei/scholarship.pdf.

**High School Diploma, Paraprofessional (3 Units), Associate of Arts (AA), Bachelor of Arts (BA), Master of Arts (MA), Doctorate of Education (Ed.D.), Doctorate of Philosophy (Ph.D.), Education Specialist (Ed.S.), Credential, Certificate, License.



Verification of Responsibility for Regional Center-Vendored Specialists

(Page 3 of 3)

- I understand that the *College Coursework Scholarship Application Forms* must be submitted no later than *five days after* the start of the college coursework.
- I certify that the information provided in the *College Coursework Scholarship Application* is complete and accurate.
- I have completed and signed the two-page *College Coursework Scholarship Application*.*
- I have included the required official college coursework description or syllabus.
- If the College Coursework Scholarship is granted, I understand the check is made out to me and I agree that the Early Start Scholarship funds are only used for the purpose(s) identified on the application.
- To prevent cancellation of the award, I will complete and sign the *Verification of College Coursework Completion Form*. This form, along with a copy of the college transcript, will be submitted to WestEd CPEI within *15 days following* the completion of the coursework.

PRINT INDIVIDUAL REGIONAL CENTER-VENDORED SPECIALIST NAME

TITLE

()

TELEPHONE

SIGNATURE

DATE

*Incomplete applications will be returned. No exceptions.



Verification of College Coursework Completion for Regional Center-Vendored Specialists

(Submit to WestEd within 15 days following the conclusion of the course.)

To prevent cancellation of the scholarship award, the individual participant and administrator or supervisor must complete and sign this form. The form and a copy of the college transcript must be submitted to WestEd CPEI within 15 days following the conclusion of the course.

INDIVIDUAL WHO ATTENDED THE COURSE (Please print) _____

NAME OF COURSE _____

DATES OF COURSE _____ COLLEGE/UNIVERSITY _____

As a result of the coursework you completed:

1. What are the three most significant concepts you learned?

- a. _____
- b. _____
- c. _____

2. What three things will you do differently in the future as you work with infants, families, and other professionals?

- a. _____
- b. _____
- c. _____

3. What three concepts/facts do you wish had been covered in the coursework?

- a. _____
- b. _____
- c. _____

4. How will you share what you've learned with others? (Check all that apply)

- Share resource materials
- Lunch time discussions
- Staff meeting presentations
- Interagency staff presentations
- Conduct community workshop for parents and professionals
- Other _____

I verify that I completed this coursework as specified by the dates on the Coursework Application.

INDIVIDUAL REGIONAL CENTER-VENDORED SPECIALIST SIGNATURE* _____ DATE _____

*Required for processing award check.

Core Messages

Early childhood from birth to age 5 is a dynamic period of development. Early childhood intervention contributes to positive outcomes for children and families.

Family is the single most important influence on the growth and development of a young child. Early childhood intervention recognizes the centrality of the family and supports the child's relationships with parents and other primary caregivers.

Family and professional partnerships contribute to quality service delivery systems. Effective partnerships are based on mutual trust; are developed over time; and support families as active participants and decision-makers for their children.

Every young child with disabilities or other special needs and every family has strengths. Early childhood intervention teams identify the strengths of the child and family and help to enrich existing formal and informal resources and supports.

Culture, language, and value differences among families are respected. Early childhood intervention services are individualized, flexible, respectful, and responsive.

Teachable moments occur in everyday activities and in a variety of settings. Early childhood intervention promotes practices that appropriately include young children with disabilities and their families in family activities and settings where young children without disabilities and their families come together.

Interagency and interdisciplinary partnerships improve the experiences of children and families. Coordination among agencies, providers, and disciplines creates early childhood intervention systems that are cost-effective, comprehensive, cohesive, and easily accessed.

Validated, evidence-based research guides practice. Quality early childhood intervention services are based on research and outcome-driven practices.

Effective systems of personnel development provide opportunities for building skills, supporting mentors, and fostering leadership.

These messages were developed by the Training and Technical Assistance Collaborative (TTAC), an interagency partnership in California dedicated to delivering quality personnel development activities for personnel who serve children birth-5 with disabilities and other special needs and their families. We believe early childhood intervention T&TA activities that are guided by these messages promote positive outcomes for young children and their families.

For more information, contact ttac@wested.org

Early Start Institutes*

**Building Knowledge Competencies for Early Intervention
Service Providers and Coordinators**

Early Start Training Series to Be Announced

* For the most current information about Early Start Institutes,
please visit www.wested.org/cpei or contact
Laura Romero at 916.492.4018 or lromero@wested.org.