



Training Development Notice of Interest

Name: _____

Phone: _____

Email: _____

Are you a current MSDE approved trainer?

Yes

No

Proposed Training Title:

Synopsis of training:

Number of training hours:

2 hrs

3 hrs

6 hrs

Other (please explain)

How do you anticipate the training hours will be broken down into Core of Knowledge?

___ Child Development

___ Curriculum

___ Special Needs

___ Professionalism

___ Community

___ Health/Safety/Nutrition



At what competency level will you be writing this training?

Novice

Intermediate

Competent

Proficient

Advanced

Who is the intended audience for this training?

Early Childhood Professionals in general

Infant & Toddler caregivers

Preschool teachers

Head Start staff

Administrators

Other (Please explain)

Will you be writing this training for:

In-person instruction

Virtual Instruction (Zoom platform)

Both

Anticipated submission date: _____

You will not be held to this date. We ask this so we may project the amount of time we will need to review all submissions. We do ask that you communicate with us if your submission will be delayed or you decide not to move forward with a full proposal submission.

I understand that once the full proposal is submitted it becomes the sole property of APPLES for Children, Inc. and cannot be utilized or sold in part or full by myself, another person or entity without the express written consent of APPLES for Children, Inc.'s Executive Director or his/her duly authorized representative.

Signature: _____

Date: _____