

NEBRASKA EARLY CHILDHOOD COACH APPLICATION

The following requirements must be met in order to be considered for a coaching contract with the Nebraska Department of Education (NDE) for Pyramid and/or Step up to Quality coaching, or Nebraska Children and Families Foundation (NCFF) for Rooted in Relationships Pyramid coaching:

STEP 1: Complete the Nebraska Early Childhood Coach Application and submit to NDE.

STEP 2: Complete the two-day Nebraska Early Childhood Coach Training.

STEP 3: Complete one or both of the following depending on your interests;

- One-day Pyramid coach training (for NDE and NCFF)
- One-day Step Up to Quality coach training

Completion of these training events does not guarantee a contract. Individuals who have completed coach trainings will be listed on a master coach registry and contacted when coaching opportunities become available across the state.

Direct all questions about the coach application and/or training process to:

NCFF - Rooted in Relationships:

Lynne Brehm, lbrehm@nebraskachildren.org

NDE - Pyramid Model:

Teresa Berube, teresa.berube@nebraska.gov

Step Up to Quality:

Lynne Cook, lynne.cook@nebraska.gov

Nebraska Early Childhood Coach Application

1. General Information.

Name (Last, First, Middle Initial)			
Date of Birth (mm/dd/yyyy)			
Home Address		Home Email Address	
City	County	State	Zip Code
Home Phone ()	Home Cell Phone ()	Home Fax ()	
Gender (Optional for data purposes only) ___ Male ___ Female	Are you Hispanic, Latino or Spanish: (Optional for data purposes only) ___ Yes ___ No	Race (Check all that apply. (Optional for data purposes only) ___ White ___ Black or African American ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaska Native ___ Asian	
Primary/Native Language		Secondary Language	
Are you certified in American Sign Language? ___ Yes ___ No			
Where do you prefer to be contacted? (Check only one in each column)	___ Home Phone ___ Home Cell ___ Work Phone ___ Work Cell	___ Home Email ___ Work Email	___ Home Address ___ Work Address

2. Employment

Current Employer/Organization		Title	Start Date
Work Address		Work Email Address	
City	County	State	Zip Code
Work Phone ()	Work Cell ()	Work Fax ()	
Previous Employer Name/Address		Start date	End date
Previous Employer Name/Address		Start date	End date
Previous Employer Name/Address		Start date	End date
Do you currently work in an early childhood program? ___ Yes ___ No		Total number of years you have worked in early childhood care and education. ____	

3. Early Childhood Coach Training and Experience

I have completed Nebraska Early Childhood Coach Training Date _____

I have completed Pyramid Training Date _____

I have completed TPOT Training Date _____

I have completed TPITOS Training Date _____

I have completed Environment Rating Scale (ERS) Training Date/Scales _____

I have completed CLASS Training Date/Scales _____

I have completed other relevant training Please specify _____ Date _____

I have Pyramid Coaching experience in a school setting (preschool ages 3-5) District Name/Location _____

Start Date _____ End Date _____ I received reflective supervision in this role. Yes No

I have Pyramid Coaching experience in a child care setting Child Care Name/Location _____

Start Date _____ End Date _____ I received reflective supervision in this role. Yes No

I have early childhood coaching experience in another capacity/using another coaching model

Specify coaching model/agency/location _____

Start Date _____ End Date _____ I received reflective supervision in this role. Yes No

4. Education, Credentials and Training

Please indicate all educational levels you have completed.

High School Diploma/GED Bachelor's Degree in Related Field

One Year Certificate in Early Childhood Education Master's Degree in Early Childhood Education

Associate's Degree in Early Childhood Education Master's Degree in Related Field

Associate's Degree in Related Field PhD/EdD

Bachelor's Degree in Early Childhood Education Specify other degree _____

Do you have a current Nebraska teaching certificate? Yes No

If Yes, please specify endorsement(s) _____

Other professional licenses/certifications Please specify _____

5. Coaching Initiative and Time and Travel Availability (please mark all that apply)

- I am interested in coaching for Step Up to Quality
- I am interested in Pyramid coaching in the school setting (ages 3-5)
- I am interested in Pyramid coaching in the child care setting.

Please indicate how many hours you would be available to coach each month.

- 2-10 hours per month
- 10-20 hours per month
- 20-40 hours per month
- 40-80 hours per month
- 80-110 hours per month
- 110-160 hours per month

How far are you willing to travel from your home?

- Within a 50-100 miles
- Within 100-150 miles
- Within 200 miles
- Anywhere in the State of Nebraska

Are you willing to provide training/coaching that might require an overnight stay? Yes No

6. References

Please list three Professional References who know your work as a trainer, consultant coach or mentor.

1. Name: _____ Title: _____ Organization: _____ Address: _____ Phone: _____ Email Address: _____
2. Name: _____ Title: _____ Organization: _____ Address: _____ Phone: _____ Email Address: _____
3. Name: _____ Title: _____ Organization: _____ Address: _____ Phone: _____ Email Address: _____

By signing and submitting this application, I affirm that the information listed is true and complete and I agree to have my information shared with the Nebraska Early Childhood Coach partners listed below.

Name: _____ Signature _____ Date: _____

Please submit completed application to Ann Adams, ann.adams@nebraska.gov.

