

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 ___ American Indian/Alaska Native ___ Black or African American ___ Asian ___ Native Hawaiian/Other Pacific Islander | |
| 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 | Position held |
| Previous Employer Name/Address | Start date | End date | Position held |
| Previous Employer Name/Address | Start date | End date | Position held |
| 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

| | |
|---|--|
| <input type="checkbox"/> I have completed Nebraska Early Childhood 2-day Coach Training | Date _____ |
| <input type="checkbox"/> I have completed Pyramid Training | Date _____ |
| <input type="checkbox"/> I have completed TPOT Training | Date _____ |
| <input type="checkbox"/> I have completed TPITOS Training | Date _____ |
| <input type="checkbox"/> I have completed Environment Rating Scale (ERS) Training | Dates of completion: Intro _____ Practice _____ Closer Look _____ |
| <input type="checkbox"/> I have completed CLASS Training | Date/Scales _____ |
| <input type="checkbox"/> 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.

| | |
|--|---|
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Bachelor's Degree in Related Field |
| <input type="checkbox"/> One Year Certificate in Early Childhood Education | <input type="checkbox"/> Master's Degree in Early Childhood Education |
| <input type="checkbox"/> Associate's Degree in Early Childhood Education | <input type="checkbox"/> Master's Degree in Related Field |
| <input type="checkbox"/> Associate's Degree in Related Field | <input type="checkbox"/> PhD/EdD |
| <input type="checkbox"/> Bachelor's Degree in Early Childhood Education | <input type="checkbox"/> Specify related degree _____ Year Earned _____ |

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.

Program type (rank in order of preference):

☐ Family Child Care ☐ Centers ☐ Schools

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 0-50 miles
☐ 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 Morgan Krull morgan.krull@nebraska.gov.

