**A close up of a logo

Description generated with high confidence**

**Content Plan for Submitting Session for Ohio Approval**

**Title of Training:**  **Lead Trainer:**

**If an Ohio Trainer OPIN number:**

\*\*\*For sessions to be Ohio Approved, the content, and objectives must show how this information will support early childhood professionals in improving outcomes for children and families.

**Session Description (3-5 sentences):**

**Date of the most recent revision of this content:**

**Length of the training (Indicate with X)**

(1 hour):       1.5 hours: 3 hours:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Learning Outcomes (must have at least one) At most two for a 1.5-hour session.**  At the end of the session, participants will be able to: | | | | |  |  | | | **Presenter Contact Information:**  **Address:**  Email:  Phone:  Cell Phone: | |  |  |
|  | **1** | **Learning Outcome 1:** | | | | | | | | |  |  |
| **Approximate Time** | | | **Content**  **(Please provide as much detail as possible by explaining what will be discussed and introduced)** | **Instructional Strategies: How will the participant interact with the content?** | | | **How does this align with the CKC and the level selected?**  *A. Child Growth & Development*  *B. Family & Community Relations*  *C. Health, Safety & Nutrition*  *D. Observation & Assessment*  *E. Professionalism*  *F. Learning Environments & Experiences* | **How does current research support the content listed in your resources?** | | **How will you assess the participant’s knowledge before and after the presentation?** | **How can the participant apply the content to their work?** | **What tools and strategies will be shared?** |
|  | | |  |  | | |  |  | |  |  |  |
|  | **2** | **Learning Outcome 2:** | | | | | | | | |  |  |
| **Approximate Time** | | | **Content**  **(Please provide as much detail as possible by explaining what will be discussed and introduced)** | **Instructional Strategies: How will the participant interact with the content?** | | | **How does this align with the CKC and level selected?**  *A. Child Growth & Development*  *B. Family & Community Relations*  *C. Health, Safety & Nutrition*  *D. Observation & Assessment*  *E. Professionalism*  *F. Learning Environments & Experiences* | **How does current research support the content as listed in your resources?** | | **How will you assess the participant’s knowledge before and after the presentation?** | **How can the participant apply the content to their work?** | **What tools and strategies will be shared?** |
|  | | |  |  | | |  |  | |  |  |  |

**Target Audience/ Professional Group for the session (please check all that apply:**

Child Welfare Specialist Classroom Staff/Teacher Early Childhood Mental Health Families/Guardians

Family Childcare Home Visitor Infant Mental Health Instructor/TA Specialist

Program Administrator Staff Working with Special Needs

**Please specify the age group that the presentation content applies to (Indicate with X):**

Infant       Toddler       Preschool       School Age

**Early Learning and Developmental Standards (Please highlight all that apply)**

* Approaches to learning
* Cognitive Development
* Creative Development
* Language and Literacy
* Mathematics
* Physical Development and Wellness
* Science
* Social and Emotional Development
* Social Studies
* NA

**Please indicate which of the PD Topics for Ohio Approval this session is submitted for: (please highlight your selections)**

* [Behavior/Classroom Management](https://docs.google.com/document/d/1iQ3udBV1fGe2IuMiBXaOKvRC8DDdPTYt/edit?usp=drive_link&ouid=110436885984437784362&rtpof=true&sd=true)
* [Critical Conversations](https://docs.google.com/document/d/1zJNvP0YupmS1M9lFeP_1CK4A9GCybrvq/edit?usp=drive_link&ouid=110436885984437784362&rtpof=true&sd=true)
* [Curriculum and Assessment](https://docs.google.com/document/d/1YV1TTEmi6Pnh9thEIlR-R_7bIula1n5u/edit?usp=drive_link&ouid=110436885984437784362&rtpof=true&sd=true)
* [Developmental Milestones](https://docs.google.com/document/d/1_e7kAoClsWYuc0y0RrEOweMs2O1oj52u/edit?usp=sharing&ouid=110436885984437784362&rtpof=true&sd=true)
* [Family Engagement](https://docs.google.com/document/d/1nMab5pfnLN_4JcEH9w4dNLQY90P54wZc/edit?usp=sharing&ouid=110436885984437784362&rtpof=true&sd=true)
* [Inclusion](https://docs.google.com/document/d/13bqTGl2xfiPpNHOb7HglwF2VJGLSoXkq/edit?usp=sharing&ouid=110436885984437784362&rtpof=true&sd=true)
* [Science of Reading \*](https://docs.google.com/document/d/1sq92MrtXrCWjNBEi74mq8DObMX5otBX-/edit?usp=sharing&ouid=110436885984437784362&rtpof=true&sd=true)
* [Trauma](https://docs.google.com/document/d/1Gc_Y5yWPpOhVmHBr-Rc_9sGXhLXYj3t7/edit?usp=sharing&ouid=110436885984437784362&rtpof=true&sd=true)

**Provide at least two research references to support your presentation content (this must include other colleague's work as well as your own) and must reference these sources in your presentation:**

1.

2.

3.

4.

5.

**Please indicate the CDA (Child Development Association) area aligned to your presentation (Pick Only One):**

* Observing and Recording Children’s Behavior
* Other/NA
* Principles of Growth and Development
* To Advance Physical and Intellectual Competence
* To Ensure a Well-Run, Purposeful Program Responsive to Participants' Needs
* To Establish and Maintain a Safe, Healthy Learning Environment
* To Establish Positive Relationships with Families
* To Support Social and Emotional Development and to Provide Positive Guidance

**Any questions? Please feel free to contact Pam Perrino on her cell phone at 330-509-0815 or email** [**relations@oaeyc.org**](mailto:relations@oaeyc.org)

*\*Ohio AEYC reserves the right to edit titles or descriptions for brevity and clarity.*