



MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
ADD Form
Associated Trainer Evaluation

Name of Trainer to be Associated:	Date:
Name of Organization:	CCATS ID #:
Address:	Phone Number:

DO NOT USE CHECK MARKS. Write YES, NO or NA where appropriate. Fill in training hours where appropriate.

EDUCATION/TRAINING	Conferred Associates Degree in Early Childhood Education		Conferred Bachelor's, Masters or Doctoral Degree in a Related Field			
	Field of Study:		Field of Study:			
	Additional Data:					
	EDUCATION REQUIREMENTS FOR CORE OF KNOWLEDGE TRAINING:					
	Child Development (3 credits or 45 clock hours)		Hrs.	Curriculum Development (3 credits or 45 clock hours)		Hrs.
	Course Name:			Course Name:		
	Course Name:			Course Name:		
	Course Name:			Course Name:		
	EDUCATION REQUIREMENTS FOR PRE-SERVICE TRAINING:					
		HOURS	Infant/Toddler Development – Course Name	HOURS	Infant/Toddler Curriculum – Course Name	
	HOURS	Preschool Development – Course Name	HOURS	Preschool Curriculum – Course Name		
	HOURS	School-Age Development – Course Name	HOURS	School-Age Curriculum – Course Name		
DOCUMENTATION OF APPROVED TRAINING OF TRAINERS - DATE(S) COMPLETED:			DOCUMENTATION OF TRAINER ORIENTATION – DATE:			
Years	Must have a minimum of 4 years working directly with children in the age that you plan to train on.					
	Core of Knowledge Training					
	Pre-Service (check the box for each age group and write number of years of experience)			<input type="checkbox"/> I/T:	<input type="checkbox"/> PS:	<input type="checkbox"/> SA:
	Teaching Certificate/Approval (K or Grades 1-8):			Expiration Date:		
Comments:						

TRAINER EVALUATION SUMMARY					
Name of Trainer to be Associated:			CCATS ID#:	This Training Requirements Evaluation was created by an Office of Child Care (OCC) representative based on documentation submitted, evaluated and approved. Tampering with, or changing information on this document is prohibited. This evaluation should be retained for your records. It is the responsibility of the hiring organization to request copies of transcripts, resumes, training of trainer's certificates, professional letters of reference, additional certificates and to verify prior work experience. Please email this form, copy of orientation letter and TOT certificate(s) to the following email: trainingocc.msde@maryland.gov.	
has been evaluated to conduct training in the following training types, core of knowledge areas and pre-service ages (check all that apply):					
Continued /Elective (CT)					
Core of Knowledge (CK)					
	<input type="checkbox"/> Child Development	<input type="checkbox"/> Curriculum	<input type="checkbox"/> Community		
	<input type="checkbox"/> Professionalism	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Health, Safety, Nutrition		
	Pre-Service (PS)	<input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Preschool	<input type="checkbox"/> School-Age	MSDE USE ONLY:
Signature of Organization Owner:			APPROVED BY:		
Date:			APPROVAL DATE:		
			DATE ENTERED IN CCATS:		