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

Name of Trainer to be Associated:	**Date:**
Name of Organization:	**Trainer Approval#:**
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)	Cr./Hrs.		Curriculum Development (3 credits or 45 clock hours)	Cr./Hrs.
	Course Name:			Course Name:	
	Course Name:			Course Name:	
	Course Name:			Course Name:	

EDUCATION REQUIREMENTS FOR PRE-SERVICE TRAINING: (College courses only)

	Credits	Infant/Toddler Development –Course Name		Credits	Infant/Toddler Curriculum – Course Name

	Credits	Preschool Development – Course Name		Credits	Preschool Curriculum – Course Name

	Credits	School-Age Development – Course Name		Credits	School-Age Curriculum – Course Name

DOCUMENTATION OF APPROVED TRAINING OF TRAINERS - DATE(S) COMPLETED:	DOCUMENTATION OF TRAINER ORIENTATION – DATE COMPLETED:

EXPERIENCE

Years	**Must have a minimum of 4 years working directly with children in the age that you plan to train on.**			
	Number of years working in a licensed child care setting/classroom.			
	Pre-Service (check the box for each age group and write number of years of experience)	☐ I/T:	☐ PS:	☐ SA:
	Teaching Certificate/Approval (K or Grades 1-8):	Expiration Date:		

Comments:

TRAINER EVALUATION SUMMARY

Name of Trainer to be Associated: has been evaluated to conduct training in the following training types, core of knowledge areas and pre-service ages (check all that apply):	PARTY 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: trainingcredential.msde@maryland.gov.**

	Continued /Elective (CT)		
	Core of Knowledge (CK)		
	☐ Child Development	☐ Curriculum	☐ Community
	☐ Professionalism	☐ Special Needs	☐ Health, Safety, Nutrition
	Pre-Service (PS) ☐ Infant/Toddler	☐ Preschool	☐ School-Age

MSDE USE ONLY:

Signature of Organization Owner:

Date:

APPROVED BY:

APPROVAL DATE:

DATE ENTERED IN CCATS:

OCC 300 – Based on COMAR 13A.14.08 Child Care Training Approval – Revised January 2024