

Practitioner may include teacher, assistant teacher, caregiver or provider

Practitioner Training Tracking Form

Practitioner Name: _____ Date of Hire: _____

24 hours must be completed annually. Annual start date _____ Annual end date _____

Orientation date: _____ Pre-service date(s): _____

No more than 50% of annual training may be obtained through self-instructional training

| At least six clock hours of the annual training MUST be in one or more of the following topics: | Completion date | Certificate filed? | # of Hours |
|--|-----------------|--------------------|------------|
| Child growth & development | | | |
| Discipline & guidance | | | |
| Age appropriate curriculum | | | |
| Teacher child interaction | | | |
| Serving children with special needs | | | |

| Required Training | Completion date | Certificate filed? | # of Hours |
|---|-----------------|--------------------|------------|
| Child abuse & neglect | | | |
| SBSyndrome, SIDS, Early brain development (If applicable) | | | |
| Transportation safety (if applicable) | | | |

| The remaining clock hours of annual training MUST be in one or more of the following topics: | Completion date | Certificate filed? | # of Hours |
|---|-----------------|--------------------|------------|
| Child health (ex. Nutrition & activity) | | | |
| Safety & risk management | | | |
| Identification & care of ill children | | | |
| Cultural diversity for children & families | | | |
| Professional development | | | |
| Preventing the spread of communicable diseases | | | |
| Minimum standards & how they apply | | | |

| OTHER | Completion date | Certificate filed? | # of Hours |
|-------|-----------------|--------------------|------------|
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| TOTAL → | |
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