NEBRASKA EARLY CHILDHOOD COACH APPLICATION

Buffalo County is excited for the opportunity to expand the implementation of the Pyramid Model for supporting social emotional competence in infants and young children. This initiative is funded by Nebraska Children and Families Rooted in Relationships and powered by Buffalo County Community Partners. The Pyramid Model is a framework for supporting children’s social emotional development in a way that improves child outcomes. Implementation of the Pyramid Model will be in selected early care and education settings in the community using a train-coach-train model.

We are currently seeking applications for potential coaches in the community. Please see the enclosed job description and application for more details on requirements.

**STEP 1:** Complete the Nebraska Early Childhood Coach Application and submit to Tana Miller at [healthyminds@bcchp.org](mailto:healthyminds@bcchp.org) by **February 15, 2019.**

**STEP 2:** Complete the Nebraska Early Childhood Coach Training **March 27, 28 2019** and Pyramid Model Coach Training **April 18, 2019**—trainings located at ESU #1; 211 10th St, Wakefield, NE. **Individuals who cannot complete these required trainings on these dates will not be eligible.**

**Still have questions? Please contact:**

Tana Miller

Behavioral Health Systems Coordinator, [Buffalo County Community Partners](http://www.bcchp.org/)  
308-865-2279 | [healthyminds@bcchp.org](mailto:healthyminds@bcchp.org) | PO Box 1466, Kearney, NE 6884

**Nebraska Early Childhood Coach Application**

## 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? Home Phone Home Email Home Address  (Check **only one** in each column) Home Cell Work Email Work Address  Work Phone  Work Cell | | | | | | | |

1. **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 |  |
| Previous Employer Name/Address |  | Start date End date |  |
| Previous Employer Name/Address |  | Start date End date |  |
| Do you currently work in an early childhood program?  Yes No | | Total number of years you have worked in early childhood care and  education \_\_\_\_\_ | |

## Early Childhood Coach Training and Experience

I have completed Nebraska Early Childhood Coach Training Date \_

I have completed Pyramid Training Date \_

I have completed TPOT Training Date \_

I have completed TPITOS Training Date \_

I have completed Environment Rating Scale (ERS) Training Date/Scales \_

I have completed CLASS Training Date/Scales

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

## Education, Credentials and Training

Please indicate all educational levels you have completed.

High School Diploma/GED Bachelor’s Degree in Related Field

One Year Certificate in Early Childhood Education Master’s Degree in Early Childhood Education

Associate’s Degree in Early Childhood Education Master’s Degree in Related Field

Associate’s Degree in Related Field PhD/EdD

Bachelor’s Degree in Early Childhood Education Specify other degree

Do you have a current Nebraska teaching certificate? Yes No If Yes, please specify endorsement(s)

Other professional licenses/certifications Please specify

## 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.

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 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

1. **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 Tana Miller,*** [healthyminds@bcchp.org](mailto:healthyminds@bcchp.org).

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