Specialization Application

WHAT IS THE INFANT TODDLER SPECIALIZATION

The IdahoSTARS Infant Toddler Specialization is a professional development package designed to support providers with mastery of best-practices in the Infant Toddler area. The Specialization will include:

- Training
- Coaching
- Assessment of implementation of practices
- Ongoing professional development plan

ELIGIBILITY

To be eligible for the Infant Toddler Specialization you must meet the following requirements:

- Must work with Infant and/or Toddlers
- Have the support of your supervisor or director (Center Based Only)
- Enrolled in IdahoSTARS Professional Development System Registry (PDS)
- Must be eligible for IdahoSTARS PDS Registry Incentives
  - Work in a child care program in Idaho designed to care for children while parents work or attend school
  - Work in a child care program with operating hours that extend beyond a preschool only or academic (K - 6th grade) school day
  - Work with children, staff and parents a minimum of 15 hours a week or 780 hours a year
- Be at a Level 2 or higher on the IdahoSTARS Early Childhood Care and Education Career Pathway OR have completed all four Essential Training Steps
- Internet Access
  - Virtual Lab School Infant Toddler Track: www.virtuallabschool.org/infants-toddlers
  - Activities & Handouts - PDF and Document Formats
  - Audio & Video – Streaming or Download

INFANT TODDLER SPECIALIZATION APPLICATION PROCESS

Step 1: Submit the following information to the IdahoSTARS Training Office.
  - Completed IdahoSTARS Infant/Toddler Specialization Application
  - One Letter of Recommendation (parent, director, co-worker)

MAIL OR EMAIL COMPLETED APPLICATION TO:
IdahoSTARS Training Office
1187 Alturas Dr.
Moscow, ID 83843-8331
Email: idahostars@uidaho.edu

Step 2: Upon receiving the application, IdahoSTARS will send an email to the applicant confirming that the application was received and processing will take 4 – 6 weeks.

Step 3: Upon acceptance, IdahoSTARS will send an email confirming that the applicant is accepted into the Infant Toddler Specialization.
Specialization Application

APPLICANT

Name (As printed on your social security card): ______________________________
Change of Name: ☐ Yes ☐ No If so, previous name: ______________________________
Home Mailing Address: ________________________________________________________
City: ______________________ State: _________ Zip: ______________________
Change of Address? ☐ Yes ☐ No Phone Number: ______________________ Email: ________________________________

Language:

Is your primary language English? ☐ Yes ☐ No If no, what is your primary language? ________________________________

Required Resources:

Internet Access: ☐ Yes ☐ No Audio: ☐ Yes ☐ No Visual (Web Camera): ☐ Yes ☐ No

EARLY CHILDHOOD EDUCATION

Please indicate your highest completed level of Early Childhood Education:
☐ All Essential Trainings (1-4)
☐ Level 2 or higher on the IdahoSTARS Early Childhood Care and Education Career Pathway

CURRENT EMPLOYMENT

Business Name: ________________________________
Mailing Address: ________________________________
City: ______________________ State: _________ Zip: ______________________
Phone Number: ______________________

Please indicate the category that best describes your place of employment:
☐ Center Facility (13 or more children) ☐ Family Child Care (1 – 6 children)
☐ Group Child Care (7-12 children) ☐ Relative Provider

Age Range(s) of children you work with (check all that apply):
☐ Infants (Birth to 12 months) ☐ Toddlers (13 – 30 months) ☐ Preschool (31 months – 5 years)
☐ School Age (5 -6 years) ☐ School Age (6 – 12 years)
QUESTION
Why are you interested in the Infant Toddler Specialization?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

APPLICANT CONSENT
I am requesting to be considered for the Infant Toddler Specialization. I certify that the information I have given on this application is true and correct to the best of my knowledge.

Applicant Signature: ________________________________ Date: _____ / _____ / _____

DIRECTOR/OWNER CONSENT
This business agrees to support the applicant in the following ways:

1. Completing required Infant Toddler Specialization modules.
2. Meet with coach as needed.
3. ITERS-R Assessment – pre and post.
4. Maintain communication with applicant.

I have reviewed the applicant and employer information on this form and certify this information to be true and correct to the best of my knowledge.

Signature: _________________________________________ Date: _____ / _____ / _____