

Pre-Application Assessment: Am I Ready to be a REST Trainer?

Applicant Name: _____

This self-assessment is designed to help you determine your level of readiness to become a REST Trainer. The self-assessment score will not be included in your final application score, should you choose to apply. Please rate yourself on the following items using the scale provided below.

1-Strongly disagree 2-Disagree 3-Neither agree or disagree 4-Agree 5-Strongly agree

Score									
Before The Training									
	I have solid knowledge of the goals of respite care								
	I have solid knowledge of special needs and disability								
	I am comfortable presenting in front of groups of 8-30 participants								
	I am familiar with the use of Powerpoint and a remote								
	I am comfortable adhering to a set curriculum of objectives, required talking points and activities								
	My organization has made this program a priority for me and my time								
During the Training									
	I have cleared my schedule of any conflicts during the timeframe								
	I am ready to give adequate time to work on my presentation								
After The Training									
	I am willing and able to spend an average of 20 additional hours learning the curriculum prior to teaching my first course								
	I intend to solicit feedback from others to improve my instruction (i.e. other trainers, participants)								
	I am confident that I can plan and deliver 3 courses in the coming year								
	I intend to invest in learning activities to support my mastery of the curriculum								
	I will promote and maintain the fidelity of the REST Trainer Curriculum								
Interest									
	I am passionate about teaching respite companion providers								
	Support for individuals and families with special needs is important to me								
Interpersonal Skills									
	People describe me as someone who can connect with diverse audiences								
	I have the flexibility needed to work well with another trainer who has a different style of instruction and interaction								
	My life experiences will serve as an asset to teaching respite care								
Organizational Skills									
	I can organize my thinking, speaking and materials to effectively teach the course								
	I can monitor myself and adhere to a timed agenda throughout the course								
TOTAL SCORE:									
Scoring Rubric:									
	<table border="0"> <tr> <td><i>Highly ready</i></td> <td>89 -100</td> </tr> <tr> <td><i>Very ready</i></td> <td>77- 88</td> </tr> <tr> <td><i>Moderately ready</i></td> <td>64 - 76</td> </tr> <tr> <td><i>May not be ready at this time</i></td> <td>below 64</td> </tr> </table>	<i>Highly ready</i>	89 -100	<i>Very ready</i>	77- 88	<i>Moderately ready</i>	64 - 76	<i>May not be ready at this time</i>	below 64
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When completed, please return this form to Pamela Heyer, Special Needs Project Coordinator, United Way at pamelahey@unitedwaypbc.org by October 2, 2017 at 5pm EST.

Scholarship Application: REST Respite Train-the-Trainer

Part I: Applicant Information	
Applicant Type:	<input type="checkbox"/> I am applying as an independent trainer <input type="checkbox"/> I am applying as an agent of my employer <input type="checkbox"/> Other, please specify:
Name: (first, last)	
Title:	
Email:	
Primary Phone Number:	
Secondary Phone Number:	
Mailing Address:	
Primary Spoken Language:	
Other Spoken Language:	
Organization Name: (if applying as an agent of your employer)	
Organization Type:	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Not-for-profit <input type="checkbox"/> For-profit <input type="checkbox"/> Other, please specify:
Industry Type:	<input type="checkbox"/> Faith community <input type="checkbox"/> Corporate <input type="checkbox"/> Human resources/Employee Assistance Program <input type="checkbox"/> Law enforcement/public safety <input type="checkbox"/> Higher education <input type="checkbox"/> Primary/secondary education <input type="checkbox"/> Hospitality <input type="checkbox"/> Older adults <input type="checkbox"/> Social services <input type="checkbox"/> Behavioral healthcare <input type="checkbox"/> Other healthcare <input type="checkbox"/> Government <input type="checkbox"/> Other, please specify:
Organizational Service Area:	<input type="checkbox"/> North Palm Beach (Riviera Beach to Tequesta) <input type="checkbox"/> Central Palm Beach (Lantana to West Palm Beach including Royal Palm Beach, Loxahatchee, and Wellington) <input type="checkbox"/> West Palm Beach (All of the Glades) <input type="checkbox"/> South Palm Beach (Boynton Beach to Boca Raton)
How did you find out about the trainer training program?	<input type="checkbox"/> Employer email <input type="checkbox"/> Employer requirement <input type="checkbox"/> Professional relationship <input type="checkbox"/> Personal relationship <input type="checkbox"/> Internet search <input type="checkbox"/> Website <input type="checkbox"/> Other, please specify:

Part II: Applicant Experience and Qualifications

Please note that each response will be scored. You are encouraged to provide as much detail as word limit permits.

1. Why do you want to become a REST Trainer? (max 200 words)

2. Please provide a description of your personal and/or professional experiences in the field of special needs/disability that qualify you to teach a respite companion course (i.e. clinical experience, ages and disabilities served, personal or family history, social service experience, etc.). Please provide time frames for any relevant experience. (max 300 words)

3. Please provide a description of your experiences in adult instruction that would qualify you as a strong candidate to be an effective respite trainer (i.e. group facilitation, teaching, etc.). Please provide time frames for any relevant experience. (max 300 words)

4. Have you taken a respite course?

☐ Yes

☐ No

If yes, what course and when did you take the course (mm/yy):

5. What other skills or experiences do you have that you believe will support your success as a respite trainer? (max 200 words)

Part III: Understanding of Program

6. What does the term "special needs" mean to you? (max 200 words)

7. What factors do you believe create and maintain the stigma associated with individuals who have special needs/disability? (max 150 words)

8. What do you believe are the skills and attitudes needed to be an effective respite trainer? (max 150 words)

9. How does respite care support/complement the work you or your organization is already doing? (max 200 words)

Part IV: Strategic Plan for Implementation

10. Please provide some examples of how you have effectively networked with organizations, local services, or other partners within your community to support an initiative (i.e. public education initiative, community event, volunteering, etc.). (max 200 words)

11. Please describe your plan to implement this program in the next year. Be sure to include information about how to plan to secure funding, how you plan to market your courses, who you will partner with, and what audiences you plan to target. (max 400 words)

12. When do you plan to teach your first course and who will be your target audience? (max 150 words)

13. What age population(s) do you anticipate your target audience will serve? (*check all that apply*)
☐ Birth to 5 years ☐ Elementary Age ☐ Middle School ☐ High School ☐ Young Adults ☐ Elderly

14. What are some potential barriers you may face when trying to implement your above strategies? (max 200 words)

Part V: Financial Aid

15. Please provide a brief explanation as to your financial need.