

NEBRASKA EARLY CHILDHOOD COACH APPLICATION

Buffalo County is excited to continue 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 by **July 1, 2020**.

STEP 2: Complete both Nebraska early Childhood Coach Training **and** Pyramid Model Coach Training from the following dates. Individuals who cannot complete these required trainings on these dates will not be eligible.

Nebraska Early Childhood Coach Training

June 29th-30th 2020
Educational Service Unit10
76 Plaza Blvd
Kearney, NE 68848

Pyramid Model Coach Training

August 16, 2020
Educational Service Unit10
76 Plaza Blvd
Kearney, NE 68848

Still have questions? Please contact:



Tana Miller

Behavioral Health Coordinator, [Buffalo County Community Partners](#)
402-416-7688 | healthyminds@bcchp.org | PO Box 1466, Kearney, NE 6884



Nebraska Early Childhood Coach Application

1. 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? (Check only one in each column)	___ Home Phone ___ Home Cell ___ Work Phone ___ Work Cell	___ Home Email ___ Work Email	___ Home Address ___ Work Address

2. 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 _____	

3. Early Childhood Coach Training and Experience

<input type="checkbox"/> I have completed Nebraska Early Childhood Coach Training	Date _____
<input type="checkbox"/> I have completed Pyramid Training	Date _____
<input type="checkbox"/> I have completed TPOT Training	Date _____
<input type="checkbox"/> I have completed TPITOS Training	Date _____
<input type="checkbox"/> I have completed Environment Rating Scale (ERS) Training	Date/Scales _____
<input type="checkbox"/> I have completed CLASS Training	Date/Scales _____
<input type="checkbox"/> I have completed other relevant training	Please specify _____ Date _____

<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Education, Credentials and Training

Please indicate all educational levels you have completed.

<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Bachelor's Degree in Related Field
<input type="checkbox"/> One Year Certificate in Early Childhood Education	<input type="checkbox"/> Master's Degree in Early Childhood Education
<input type="checkbox"/> Associate's Degree in Early Childhood Education	<input type="checkbox"/> Master's Degree in Related Field
<input type="checkbox"/> Associate's Degree in Related Field	<input type="checkbox"/> PhD/EdD
<input type="checkbox"/> Bachelor's Degree in Early Childhood Education	<input type="checkbox"/> Specify other degree _____

Do you have a current Nebraska teaching certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify endorsement(s) _____		
<input type="checkbox"/> Other professional licenses/certifications	Please specify _____	

5. 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

6. 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.

