

Specialization Application

Infant
Toddler
Specialization



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)

