

Division of Child Care for Early Care and Education
 Approved Sessions | Reporting Instructions and Forms

	Time	KSHA 2021 Pediatric Track Session Tracker	DCC Approved
Wed	10:00 am - 11:30 am	S1 Early Intervention Therapy for Children With Cleft Palate	1.5
		S2 Mastering Mixed Groups	
	2:00 pm - 3:30 pm	S6 Evaluation and Treatment of Cleft Palate Speech Disorders: Preschool and School Aged Children	1.5
Thursday	9:00 am - 10:30 am	S16 Coaching and Bagless Visits in Early Intervention	1.5
		S18 Related Services--Making Annual Measurable Goals for You, Your Teacher Friends and Students	
		S19 Stress-Free Strategies for Building Better Readers, Part 1	
	10:45 am - 12:15 pm	S22 SLP Time Savers for the School SLP	1.5
		S23 Stress-Free Strategies for Building Better Readers, Part 2	
		S26 Using Deep Interests to Guide Programming for Students With Autism	
	1:30 pm - 3:00 pm	S28 Childhood Apraxia of Speech: What's New and What's Important	1.5
		S30 SLP Treatment of Executive Function and Attention Skills, Part 1	
		S31 Stress-Free Strategies for Building Better Readers, Part 3	
	3:15 pm - 4:45 pm	S36 Interactive Learning in Pediatric Feeding and Swallowing Disorders	1.5
		S37 SLP Treatment of Executive Function and Attention Skills, Part 2	
		S38 Stress-Free Strategies for Building Better Readers, Part 4	
Friday	8:00 am - 9:30 am	S41 Building Trauma-Informed Services in Early Intervention, Part 1	1.5
		S44 Role of the Speech-Language Pathologist in the Treatment of Mild TBI, Part 1	
		S45 The ABC's of Spelling Assessment and Intervention: Practical Strategies for SLPs, Part 1	
	9:45 am - 11:15 am	S47 Building Trauma-Informed Services in Early Intervention, Part 2	1.5
		S50 Role of the Speech-Language Pathologist in the Treatment of Mild TBI, Part 2	
		S51 The ABC's of Spelling Assessment and Intervention: Practical Strategies for SLPs, Part 2	
	1:45 pm - 3:15 pm	S54 Can't We All Just Get Along? Learning to Love and Respect Medical and Education Speech-Language Pathology Regardless of What Side of the Fence You Are On	1.5
		S57 Examining Implicit Bias: Building Trauma-Informed Services in EI, Part 1	
		S59 What is Autistic Communication?	
	3:30 pm - 5:00 pm	S60 Augmentative and Alternative Communication for Children With Autism Spectrum Disorder	1.5
S62 Examining Implicit Bias: Building Trauma-Informed Services in EI, Part 2			
S64 Video Modeling for Students With Autism and Their Families			
Maximum Eligible Hours			15.0

To request credit, complete and/or provide the following:

- 1.** New this year: You are required to provide a screen shot of your KSHA Online CE Record. After reporting your session attendance using the KSHA Online CE Reporting System, contact the KSHA Office at kshaoffice@ksha.info or call 800-837-2446 to request a copy of your CE Record.
- 2.** Complete the ECE-TRIS Individual Training Confirmation Form. See Page three.
- 3.** Provide a Copy of Early Care and Education Training Event Certificate(s)
(Please do not submit originals)
- 4.** Complete a Personal Information Form, if not previously submitted to ECE-TRIS or if changes need to be made. See page four.

This form is for new staff or anyone who needs to update their information and is not required if they are already in the system with up-to-date information. This form must be completed for participants to be entered into ECE-TRIS and to receive training credit <https://tris.eku.edu/ece/resources/files/117>

Please note the DCC now offers the Information form on line as well as the paper form to be faxed in. Participants can access the online Information form on the ECE-TRIS log in page under Register on the log in page; new participants will choose Kentucky professional account to fill out the form.

- 5.** A Conference Brochure was submitted on your behalf. ECE-TRIS has confirmed receipt. Please do not include a duplicate copy with your submission.

Note: Incomplete submission of documentation or an incomplete form will delay entry.

Early Care and Education – Training Records Information System

INDIVIDUAL TRAINING CONFIRMATION FORM

The training(s) must have prior approval from the Division of Child Care

http://chfs.ky.gov/dcbs/dcc/trng_app.htm

Please complete this form and submit the following for training credit to be added to your ECE-TRIS Training Record Report:

1. ECE-TRIS Individual Training Confirmation Form
2. A Conference Brochure/Booklet/Pamphlet OR website for online training describing workshops/sessions/clock hours/codes
3. A **Copy** of Early Care and Education Training Event Certificate(s) *(Please do not submit originals)*
4. Information Form, if not previously submitted to ECE-TRIS or if changes need to be made

Incomplete submission of documentation or an incomplete form will delay entry

PARTICIPANT NAME: _____
(Please Print)

BIRTHDATE: ____/____/____ LAST 4 DIGITS OF SSN: _____

EMPLOYER: _____ WORK PHONE: (____) _____

CONFERENCE TITLE (where applicable): _____

SPONSOR: _____

START DATE: _____ END DATE: _____ TOTAL CLOCK HOURS: _____

LOCATION: _____ ZIP CODE: _____

TRAINING TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

TRAINER NAME: _____

TRAINING TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

TRAINER NAME: _____

TRAINING TITLE: _____

DATE: _____ START AND END TIMES: _____ CLOCK HOURS: _____

TRAINER NAME: _____

Early Care and Education - Training Records Information System Information Form

PERSONAL INFORMATION

BIRTHDATE: ____/____/____ Last 4 digits of SS# _____

These are required to create your unique id in ECE-TRIS.

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

PERSONAL MAILING ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PERSONAL EMAIL: _____ @ _____
(this is where your login information email will be sent)

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

GENDER: Male Female

ETHNICITY: Hispanic/Latino Non-Hispanic/Latino

RACE: African American
 American Indian or Alaskan Native
 Asian

Caucasian (White)
 Native Hawaiian or Pacific Islander
 Other _____ (please specify)

What is your Primary Language? _____ Secondary Language? _____
(Ex. English, Spanish, German, French, Chinese, Japanese, Korean, Arabic, Serbo-Croatian, Vietnamese, Sign Language)

JOB TITLE: _____

EMPLOYER INFORMATION AREA

***Specify Work Site/School/Program - NOT the Central Office or School System - in Employer Name Area
No Abbreviations Please***

Employer Name: _____

Please Circle: Licensed, Certified Home, Registered Provider, Head Start, Preschool, Agency/Organization

LICENSE #: _____ (if applicable) **HIRE DATE:** ____ - ____ - ____ (Month – Day – Year)

SITE ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ DIRECTOR: _____

Please send completed form to:

**ECE-TRIS, University Training Consortium, Eastern Kentucky University,
521 Lancaster Ave., 133 Stratton Bldg., Richmond, KY 40475 or FAX: (859)622-6838**

DO NOT SEND via EMAIL

P: (859)622-8811 or Toll Free (877)312-TRIS [W: https://tris.eku.edu/ece/](https://tris.eku.edu/ece/)