

EPISCOPAL CHILDREN'S SERVICES Regional Training Institute

Directions and Criteria for Receiving CEUs

Name of educational opportunity _____

Presenter/s: _____ Date of training _____

Requirements for Successful Completion of Event and Award of CEU:

Episcopal Children's Services will review your CEU application, Learning Experience Documentation and practicum, if assigned. Satisfactory completion of class is based on the Learning Experience Documentation and receipt of a completed application and course evaluation. Upon successful completion, a CEU certificate will be issued and sent to you by mail. Participants who have not met satisfactory completion requirements will be notified by mail.

1. Fill out the 2 required forms for each training attended. Be sure you:
 - Print your name and address clearly for certificate accuracy.
 - Print your name on every sheet.
2. As you attend a training you must fill out Form #1 with the name of the speaker(s), the title of the training, location, and date and time it begins and time it ends.
3. At the end this training, you must:
 - Get the speaker's signature on Form #1. CEU credit can not be awarded without a signature.
 - Answer all questions in complete sentences about this training on the Learning Documentation form #2.
4. Each CEU is 10 hours of training. List the exact hours in training on each form and you will be given that number of CEU credit. (For example, 5 hours of training = 0.5 CEU). **These will be added together for a monthly "bundled" CEU.** (For example, if you attend 6 hours of training in March you will receive one certificate for .6 CEUs).
5. Pay **MONTHLY CEU FEE**—Please **return forms 1 and 2 along with a check for all of the monthly trainings attended** to: Episcopal Children's Services by the 10th of the _____ following month (For example trainings attended in March must be received in our office by April 10th). A CEU certificate will be mailed to you within 4-8 weeks.

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Monthly CEU Fee Schedule:

\$10.00 for 2 Hours of Monthly Training= 0.2 CEUs

\$10.00 for 3 Hours of Monthly Training= 0.3 CEUs

\$15.00 for 4 Hours of Monthly Training= 0.4 CEUs

\$15.00 for 5 Hours of Monthly Training= 0.5 CEUs

\$16.00 for 6 Hours of Monthly Training= 0.6 CEUs

\$Add \$1.00 for each additional hour of training attended in the month.

KEEP THIS PAGE FOR YOUR RECORDS

EPISCOPAL CHILDREN'S SERVICES, INC.
CEUs for Early Childhood Educational Opportunities
CEU Application Form

(Please print clearly for certificate accuracy)

Name:			
Firm/School:		Title/Position:	
Mailing Address:			
City:	State:	Zip:	County:
Day Phone ()		Evening Phone ()	
E-mail Address:			
Event Name:		Date of Event:	
Event Time: _____ to _____		Number of CEUs:	
Presenter:			
Presenter Signature:			

PLEASE bring these 2 forms to the training session for which you would like CEU credit-be sure to have instructor sign Form 1.

Thank you

- Please **return these forms and a check for all of the monthly trainings attended** to Episcopal Children's Services by the 10th of the following month. (See Page 1 for fee schedule)

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EPISCOPAL CHILDREN'S SERVICES
Attention: CEUs
8443 Baymeadows Road; Suite 1
Jacksonville, FL 32256

Reviewed By _____ Date Reviewed: _____ CEU Awarded _____

ECS Regional Training Institute Workshop Evaluation and Learning Experience Documentation

Event title:

Date:

Instructor:

Participant's name: _____

Session Rating:

Please circle the number that best describes your rating of this session with 5 being the highest rating and 1 being the lowest.

	Low		High		
1. Overall, how do you rate the workshop?	1	2	3	4	5
2. The instructor was prepared and knowledgeable.	1	2	3	4	5
3. Materials were presented in an interesting and effective way.	1	2	3	4	5
4. I feel that I can apply the information provided in this session in my classroom.	1	2	3	4	5

Please respond to each question in complete sentences and be specific.

5. List the concepts you learned in this training:

6. What did you find most valuable in this training?

7. How do you plan to use your acquired skills? _____

8. Additional topics you would like to see offered: _____

ADDITIONAL COMMENTS/SUGGESTIONS:

Please note: This evaluation is a way of making sure that the person in attendance gained valuable information that can be used by them in their job. If there is an area where you have rated this class or presenter a three or less, please give a short explanation. We will use this information in future classes and it would be most helpful in planning future training events. **Thank you for your time and comments.** 😊

Reviewed By _____ Date Reviewed: _____ CEU Awarded _____