



This questionnaire has been designed to give a thorough profile of your training experience, as well as the additional health education work you have done or may wish to do. Please complete the following questions as accurately as possible, and return it to RMC as soon as possible. If you have any questions, please call us.

I. Trainer Information *(please print)*

Name: _____ Date: _____

School/Organization: _____

Your Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Telephone (including area code): _____

FAX Number (including area code): _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone (including area code): _____

Social Security Number: - -

On occasion, clients request trainers of specific race or ethnicity. In order to more effectively match potential trainers with our clients' requests, it would be helpful if you would mark the category below that best describes you:

- African American
- Alaskan Native
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Native American
- Other _____

II. Experience/Expertise

Please read the following directions carefully.

A. Please identify the ethnic population(s) with which you have *extensively* worked. If more than one is selected, *rate* your experience, with the most experience rated "1".

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Mixed Race |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ | |

B. Please list any language(s), other than English, in which you are *proficient*:

C. Please identify any 1) curriculum training(s), and/or 2) assessment training(s) you have provided to other school staff, what year you began training, and the approximate number of times you have trained. *(Use back of sheet if necessary.)*

Curriculum Training	Level (Elementary, Middle, High School, or Other)	Year You Became a Trainer	# of Times You have Conducted Training

Assessment Training	Level (Elementary, Middle, High School, or Other)	Year You Became a Trainer	# of Times You have Conducted Training

D. Please check the programs on which you currently conduct training. *Circle* those on which you would *like* to train.

Curriculum Training			
Elementary School Curricula	Middle School Curricula	High School Curricula	Other Curricula
<input type="checkbox"/> <i>Growing Healthy</i> (1995 Revision)	<input type="checkbox"/> <i>Aggressors, Victims and Bystanders</i> (THTM Violence Module)	<input type="checkbox"/> <i>ETR High School Series</i>	<input type="checkbox"/> <i>BART (Becoming a Responsible Teen)</i>
<input type="checkbox"/> <i>Health 'n Me</i>	<input type="checkbox"/> <i>Choosing Not to Use</i> (THTM ATOD Module)	<input type="checkbox"/> <i>Get Real About AIDS</i>	<input type="checkbox"/> <i>Be Proud! Be Responsible!</i>
<input type="checkbox"/> <i>Here We Go...Watch Me Grow!</i> (Pre-K)	<input type="checkbox"/> <i>ETR Middle School Series</i>	<input type="checkbox"/> <i>Reducing the Risk</i>	<input type="checkbox"/> <i>POWER Moves</i>
<input type="checkbox"/> <i>Know Your Body</i> <input type="checkbox"/> K-3 <input type="checkbox"/> 4-6	<input type="checkbox"/> <i>Healthy Sexuality</i>	<input type="checkbox"/> <i>THTM (High School)</i>	
	<input type="checkbox"/> <i>Life Skills</i>		
<i>Other: Please specify by Grade Level</i>			
Elementary School Curricula	Middle School Curricula	High School Curricula	Other Curricula

Assessment Training		
<input type="checkbox"/> <i>Aligning Standards, Assessment, and Instruction</i>	<input type="checkbox"/> <i>Scoring Performance Assessments</i>	<input type="checkbox"/> <i>Developing Assessment Items/Exercises</i>
<input type="checkbox"/> <i>Grading and Reporting Student Progress Using a Standards-based Approach</i>	<input type="checkbox"/> <i>Analyzing Student Work for Instructional Improvement</i>	<input type="checkbox"/> <i>Collegial Collaboration Processes (i.e. Staff Support Groups, Critical Friends Groups)</i>

- E. List any health education-related and/or standards-based education trainings/workshops you have attended in the last two years (*use back of sheet if necessary*):

Session Title

Date(s)

_____	_____
_____	_____

- F. List any other health education-related and/or standards-based education workshops or presentations you have conducted in the last two years (*use back of sheet if necessary*):

Session Title

Audience

Date(s)

_____	_____	_____
_____	_____	_____

- G. Which statement best describes you?

- I am currently a classroom teacher at the elementary level.
- I am currently a classroom teacher at the middle school level.
- I am currently a classroom teacher at the high school level.
- I *am not* currently a classroom teacher, *but do* have access to a group of students with whom I can practice teach.
- I *am not* currently a classroom teacher, and *do not have* access to a group of students.
- I am currently working with out-of-school youth.

- H. Please indicate the number of training days you would be willing to contribute per year as an RMC trainer.

- 6 days per year 8-10 days per year
- 6-8 days per year more than 10 days per year

- I. Is there anything else you would like us to know about your experience as a trainer/health educator? (*Use back of sheet if necessary.*)

III. Résumé

Please attach 1) a current résumé and 2) a brief (one paragraph) biographical summary, using the attached example as a guide.

Return this form to:
Rocky Mountain Center for Health Promotion and Education
7525 West 10th Avenue • Lakewood, Colorado 80214-4493