

# Early Childhood Training Record

Name \_\_\_\_\_

\*keep certificates for all trainings



## A. Child Growth and Development

DATE	TOPIC	Level	HOURS
<b>TOTAL</b>			

## B. Health, Safety, Nutrition

DATE	TOPIC	Level	HOURS
<b>TOTAL</b>			

## C. Learning Environments

DATE	TOPIC	Level	HOURS
<b>TOTAL</b>			

## D. Planning Learning Experiences/ Curriculum Competencies

DATE	TOPIC	Level	HOURS
	Social Emotional		
	Health and Physical		
	Language and Literacy		
	Mathematical Thinking		
	Scientific Thinking		
	Creative Arts		
<b>TOTAL</b>			

**E. Interacting With Children and Providing Guidance to Children**

DATE	TOPIC	Level	HOURS
		<b>TOTAL</b>	

**F. Observation, Assessment, and Documentation**

DATE	TOPIC	Level	HOURS
		<b>TOTAL</b>	

**G. Partnerships With Families and Communities**

DATE	TOPIC	Level	HOURS
		<b>TOTAL</b>	

**H. Professionalism and Leadership**

DATE	TOPIC	Level	HOURS
		<b>TOTAL</b>	

**I. Administration, Program Planning, and Development**

DATE	TOPIC	Level	HOURS
		<b>TOTAL</b>	

**Nebraska DHSS Required Training**

DATE		HOURS
	Child Abuse and Neglect	
	Shaken Baby	
	Safe Sleep –SIDS Prevention	
	First Aide	
	CPR	