



ARKANSAS EARLY CHILDHOOD PROFESSIONAL  
DEVELOPMENT REGISTRY

**TRAINER REFERENCE**

The Trainer Applicant below has applied to be verified as a trainer in the Arkansas Early Childhood Professional Development System.

Trainer Applicant \_\_\_\_\_

Trainer Address \_\_\_\_\_

Trainer Phone \_\_\_\_\_ Trainer E-Mail \_\_\_\_\_

**Please complete the following information regarding the Trainer Applicant.  
The information you provide will remain confidential.**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Your Relationship to Trainer Applicant \_\_\_\_\_

Duration of Relationship \_\_\_\_\_ Your Job Title \_\_\_\_\_

Why do you recommend the Trainer Applicant?

---

---

---

---

Please rate the Trainer Applicant on the following qualities, with 5 being excellent, 3 satisfactory, and 1 poor.

	Poor 1	2	Satisfactory 3	4	Excellent 5
Seeks professional growth opportunities					
Displays ability to thoughtfully review and assimilate information					
Designs trainings/presentations with the audience in mind					
Prepares for topics or potential questions related to training/presentation					
Utilizes a variety of training formats e.g. overhead, hands-on, discussion					
Organizes trainings and materials effectively					
Arrives fully prepared for trainings					

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
**Arkansas Early Childhood Professional Development Registry**  
 Childhood Services  
 Arkansas State University  
 P.O. Box 808  
 State University, AR 72467  
 1-888-429-1585