

FORM E
TRAINER PROFESSIONAL REFERENCE

Applicant's Name: Last First Middle Former Name(s)

This applicant is applying to become an Oregon Registry Trainer. If selected, the applicant will provide training to professionals in the field of childhood care and education. Please answer the following questions, based upon your personal/professional knowledge of the applicant and their skills and qualities as a trainer.

The applicant is sensitive and responsive to the ideas of others.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant has a strong commitment to professional ethics.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is respectful of differences in culture, language, personal background, and learning styles.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is committed to the field of childhood care and education as a profession.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

The applicant is skilled in planning and organizing training sessions, and in working with adults as learners.

- Strongly agree, Agree, Disagree, Strongly Disagree, Not Observed

How long have you known the applicant?

What has been your professional relationship with the applicant?

Conflict of interest: To promote objectivity and credibility, an individual completing this form must not be related by blood or marriage or other legal relationship to the applicant.

I recommend this applicant/trainer as a trainer in the Oregon Registry Trainer Program.

- Yes, No

(Please use the back of this form or additional sheets of paper to provide any additional information you think we should know about the applicant and their demonstrated skills and personal qualities as a trainer.)

Reference Provided By:

Name, Phone, Title/Position, Agency/Program, Signature, Date