Gateways Technical Assistance Credential

Credential Information

The Technical Assistance Credential is designed for professionals in Illinois working in a variety of roles that relate to relationship-based professional development.

The Technical Assistance Credential is a symbol of professional achievement that validates those who:

- Act as a coach, mentor, consultant, and/or technical assistance provider for ECE/School-Age professionals
- Utilize relationship-based methods to recognize and build on strengths and capacities of practitioners and programs
- Understand principles of adult learning
- Exhibit commitment to the use of evidence-based practices when providing services to others
- Demonstrate action in pursuit of their own professional development

NAEYC Definitions

Technical Assistance (TA) is the provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.

Examples: Help teacher arrange classrooms based on the ECERS-R tool, help a program towards accreditation, inform teachers on the ExceleRate process.

Mentoring is a relationship-based process between colleagues in similar professional roles, with a more-experienced individual with adult learning knowledge and skills, the mentor, providing guidance and example to the less-experienced protégé or mentee. Mentoring is intended to increase an individual's personal or professional capacity, resulting in greater professional effectiveness.

Examples: Support protégés who are new to the field, improve retention of new and/or experienced teachers, help translate coursework theory into classroom practice.

Coaching is a relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group.

Example: Supports the development of specific skills and practices with a focus on performance-based outcome(s).

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Relationship-based Coaching, Mentoring or Technical Assistance Work Experience—Verification Form

Please complete this form to validate your work experience as a relationship-based coach, mentor, or technical assistance provider. **Use a separate form for each work experience/position**. Please include one of the following to evidence your relationship-based coaching, mentoring, and technical assistance experience:

- ☐ Job description
- ☐ Scope of Work/Contract
- ☐ Written or typed statement about your relationship-based coaching, mentoring, and technical assistance work experience. (The NAEYC definitions are attached for your reference.)
- ☐ Resume
- ☐ Other: _____

Step 1: Personal Information

Name: _____ Registry Member ID: _____

Step 2: Work Experience /Position *(check only one)*

- ☐ Quality Specialist
- ☐ Infant Toddler Specialist
- ☐ Director
- ☐ Program Coordinator
- ☐ Lead Teacher/Mentor
- ☐ Consultant
- ☐ Family Child Care Provider
- ☐ Other: _____

Position Start Date:_____ End Date: _____

Example: Consultant works 40 hours per week on various projects. 6 hours per week is spent directly in an **intentional relationship-based coaching** role with an additional 1.5 hours of preparation and follow-up. Total hours per week would be 7.5 hours providing relationship-based professional development to providers. ***Please note: Intentional relationship-based coaching and mentoring is typically a small portion of full-time job duties as illustrated using the formula below.***

Please complete your experience in this position below:

_____hours per week in direct service as a relationship-based coach, mentor, or technical assistance provider.

_____weeks worked per year.

_____total years in this position.

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Technical Assistance Work Experience—Written Statement

For each position listed, please provide a written statement with specific examples of how you have provided relationship-based coaching, mentoring, or technical assistance to professionals in the field of early care and education and/or school-age.

Step 3: Written Statement

Please use the space provided below (or attach typed document) (75 words or less).

Step 4: Technical Assistance Experience Verification

Contact Information

Contact Name and Title:_____

Company Name:_____

Company Address: _____

Company Phone: _____

Signature and title of contact who can verify your work experience (other than yourself):

_____**Date:**_____

I verify that I have read and understood this paragraph and that all the employer and employee information provided herein is true and accurate. By signing below, I understand the Illinois Department of Early Childhood (IDEC) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential.

I understand that an employer determined to have submitted fraudulent, altered, or false documentation or information will may be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the site as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the site as determined by IDEC. Staff employed by a site that has submitted fraudulent, altered, or false documentation or information will be unable to participate in INCCRRA administered programs while employed at that site.

Participant Signature: _____**Date:**_____

I verify that I have read this paragraph and that all information provided is true and accurate. By signing above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted, including the request for additional documentation. I understand that an individual determined to have submitted fraudulent, altered, or false documentation or information will be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the individual as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the individual as determined by IDEC.

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ECE/School-Age Work & Practical Experience—Verification Form

Please complete and have this form signed by a supervisor, director, or the Human Resources department to validate your work experience providing direct service to children. ***Use a separate section for each role and age group. Use a separate form for each employer.***

NOTE: The Technical Assistance Credential requires work experience with children as well as relationship-based coaching, mentoring, and technical assistance work experience.

Personal Information

Name: _____ Registry Member ID: _____

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR):_____

Hours per week: _____ x Weeks per year: _____ x # of years: _____= Total Hours: _____

☐ Infants/Toddlers (0–3) ☐ Preschool (3–5) ☐ School-Age (5–12)

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR):_____

Hours per week: _____ x Weeks per year: _____ x # of years: _____= Total Hours: _____

☐ Infants/Toddlers (0–3) ☐ Preschool (3–5) ☐ School-Age (5–12)

Technical Assistance Experience Verification

Contact Information

Contact Name: _____

Company Name:_____

Company Address: _____

Company Phone: _____

Signature and title of contact who can verify your work experience:

_____ **Date:**_____

I verify that I have read and understood this paragraph and that all the employer and employee information provided herein is true and accurate. By signing below, I understand the Illinois Department of Early Childhood (IDEC) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential.

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Participant Signature: _____ **Date:**_____

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