

# 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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## 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)

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)

### Contact Information

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

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

\_\_\_\_\_  
**Date:** \_\_\_\_\_

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge. I understand false or misleading statements or subsequent documentation may constitute grounds for denial of a Gateways to Opportunity Credential.