

Strathcona County Family Day Homes requires all educators to complete a total of 6 trainings per calendar year. Educators are able to request a maximum of 2 self study training topics each year to support their personal professional development goals and training plan.

To receive credit for a self study training educators will need to complete this self study request form, including details on how the educator will complete a minimum 90 minutes of training on the requested topic. Once approved by the agency, the educator can complete the self study. The training credit will be awarded once all agreed upon training materials are received by the agency.

Educator's Name: \_\_\_\_\_ Training Year: \_\_\_\_\_

Topic: \_\_\_\_\_

Possible Self Study Plan Options:

- Attend a conference/workshop.
- Research and write a reflection on your chosen topic: How did this training relate to FLIGHT?
- Research and write a reflection on your chosen topic: How did this training enhance your program or practice. How did it relate to your personal training plan?
- Research and write an informational piece for the family day home newsletter on your chosen topic.
- Research and then create play provocations based on chosen training.
- Research and then create a learning story or documentation panel that incorporates information learned in your training.
- Other: Please describe \_\_\_\_\_

Please describe your self study plan including projected time commitments and materials that will be submitted.

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\_\_\_\_\_  
Signature – Educator

\_\_\_\_\_  
Date

**Collection and use of personal information**

Personal information is collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used in the management and administration of Strathcona County family day homes programming and operations. If you have any questions about the collection or use of this information, please contact the Family Resource Network Manager at 780-464-4044.

Office use only

Approved Self Study

Yes

No

\_\_\_\_\_  
Signature – Agency Staff

\_\_\_\_\_  
Date