Applicant’s Name: 

Last   First   Middle   Former Name(s) 

This applicant is applying to become an Oregon Registry Specialty 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 training in the field of childhood care and education.

☐ 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 as a Specialty 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 ________________________________