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## Foundations in Community Disability Studies Tutor Training Workshop Application

May 6<sup>th</sup> & 7<sup>th</sup>, 2010  
Edmonton, AB

This two-day workshop is specifically designed for individuals who will be working as tutors or mentors for the Foundations workplace training program. Day one will cover topics related to the tutoring process for adult learners; including working with individuals or groups, characteristics of adult learners and facilitation skills. Our focus on day two turns to the content of this program the evaluation and mentoring process.

You will leave this workshop with a set of materials, an understanding of the tutoring process and related strategies, familiarity with the content of this program, the administration policy, additional resources, and a network of tutors.

Successful completion of this workshop is a mandatory requirement for individuals wishing to tutor the face to face Foundations in Community Disability Studies Program. Please review the “*Tutor Qualification Requirements*” on the back of this form and send the required documentation to the *Attention: FOUNDATIONS Coordinator* at ACDS. Please contact us if you have any questions or concerns.

- Documentation enclosed
- Documentation to follow
- Letter of reference from employer confirming skills, abilities and knowledge to act as a tutor

### Tutor Contact Information:

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

# **Foundations in Community Disability Studies**

## **Tutor Knowledge, Skill and Ability Requirements**

### **Minimum Tutor Qualifications**

Bachelor of Community Rehabilitation and Disabilities Studies, Rehabilitation Practitioner Diploma plus two years experience.

Or

Undergraduate degrees and diplomas in human service with two years experience could be considered. (discuss with ACDS) and Graduate of BST or Foundations

Or

Individuals with 7 years of experience will be considered for tutoring based on the following equivalencies:

#### **Knowledge:**

Thorough understanding of each of the 16 Modules within the Foundations Course as demonstrated through the completion of a Knowledge Assessment.

#### **Ways of demonstrating your knowledge:**

Demonstrated by challenging the module tests

Develop a tutor knowledge test based on the learning outcomes of the modules. The potential tutor would need to achieve 90% on the test.

#### **Skills:**

Such as facilitation and time management

#### **Ways of demonstrating your skills:**

Submit a video of their facilitation in action

Reference by co-facilitator

Submit lessons plans developed from other training experiences

Submit a session plan...what, when and how you are going to teach a module

#### **Abilities:**

To motivate learners, establish timelines for learning; evaluate learning using established criteria, communicating the expectation of the learners

#### **Ways of demonstrating your abilities:**

Written description of strategies they use to motivate people

Submit an evaluation plan of learning outcomes and how these would be measured

#### **Mandatory Requirements:**

Completion of the Foundations Tutor Training Course with feedback on skill and areas for development/enhancement

Letter of reference from employer confirming skills, abilities and knowledge to act as a tutor

# Foundations in Community Disability Studies TUTOR TRAINING APPLICATION

**Agency Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name of Administrator: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
 Supervisor of Tutor: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

**ADDITIONAL Tutor Information:**

Name: \_\_\_\_\_  
 Sex: Male  Female  Date of Birth \_\_\_\_\_mm/dd/yy

**Record of Employment:**

Present job title: \_\_\_\_\_  
 Area of employment: Residential  Vocational  Other  \_\_\_\_\_  
 Years w/ current Employer: \_\_\_\_\_ Total years employed in Disability Services: \_\_\_\_\_

**Record of Education:**

School (include name)	Major Course of Study	Circle Last Yr. Attended	Did You Graduate?	List Degree or Diploma
High School		9 10 11 12	____ yes ____ no	
College/University		1 2 3 4	____ yes ____ no	
Other				

**FOR OFFICE USE ONLY**

Org ID \_\_\_\_\_ Tutor ID \_\_\_\_\_ Region Code \_\_\_\_\_

[PLEASE PRINT LEGIBLY OR TYPE]

Services Provided by Agency

	Number of Individuals Served	Number of Full-time Staff	Number of Part-time Staff
Vocational	_____	_____	_____
Residential	_____	_____	_____
Other (please specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECLARATIONS:

To be completed by the Tutor. Briefly describe why you agreed to become a Tutor for the FOUNDATIONS Program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

To be completed by the Administrator or Supervisor. Briefly describe why this individual was selected to become a Tutor for FOUNDATIONS Program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

I hereby assign the above noted to assume the role of Tutor in the delivery of the FOUNDATIONS.

Signature of Administrator

Date:

**Tutor Registration Fee:**

\$260.00 + \$13.00 GST = \$273.00 for Non-members  
 \$200.00 + \$10.00 GST = \$210.00 for ACDS Members/Affiliates  
 GST Exemption# \_\_\_\_\_ (if applicable)

**Please make Cheques Payable  
 to ACDS  
 GST# 106692676**

Written notice of cancellation must be received ten (10) working days prior to the first day of this event, for a full refund. Cancellations following this deadline are subject to a \$25.00 administration fee. Registrants, who do not show up, without proper notification, will be invoiced.