



Workforce Council
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Foundations in Community Disability Studies Tutor Training Workshop Application TBA

This two-day workshop is specifically designed for individuals who have not previously completed the BST Tutor Training workshop, or have not tutored for more than five years. 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 turns to the content of this new program on day two, when we will be joined by a number of experienced BST tutors, or individuals mentoring the online training.

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 of educational requirements enclosed
- Documentation of equivalencies enclosed
- 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: _____ Phone: _____ Fax: _____

Email Address: _____

Tutor Knowledge, Skill and Ability Requirements

Minimum Tutor Qualifications

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

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

or
3. 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.*

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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

- 1) Completion of the Foundations Tutor Training Course with feedback on skill and areas for development/enhancement.
- 2) Letter of reference from employer confirming skills, abilities and knowledge to act as a tutor.

Foundations in Community Disability Studies

TUTOR TRAINING APPLICATION

Agency 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 _____

Hours of work per month: _____

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 _____ FOUNDATIONS 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**