



## Early Childhood Workforce Development Spiral Up Academy Level 1 New Hire Referral Form

*The Center Director or Administrator must complete this referral*



### New Hire information

FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact email: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Text

Hire date: \_\_\_\_\_ Job title: \_\_\_\_\_

Identify assigned age group new hire will be employed: \_\_\_\_\_

1. How long has the new hire worked with children ages birth-five yrs.? \_\_\_\_\_ years \_\_\_\_\_ months
2. What language(s) does new hire speak fluently? \_\_\_\_\_
3. Is the new hire a member of the Nevada Registry? (select one) **Yes No**  
If yes, enter Nevada Registry ID number? \_\_\_\_\_
4. Has the new hire completed a minimum of a high school diploma or GED?  
(Select one) **Yes No**
5. Has the new hire completed any of the required initial trainings? (Select one) **Yes No**  
If yes, place a check mark next to the completed training.

Abuse and Neglect       Signs of Illness       Wellness       Child Development

Transportation Safety       SIDS       Medication

Emergency Prep       Shaken Baby       Building Safety

(CPR and First Aid training is not offered in the Spiral Up Level 1 program)

6. What is the new hire's current work schedule (start and end time and days)?  
\_\_\_\_\_

7. Will the new hire have reliable access to a computer, printer, and high-speed internet?  
(Select one) **Yes No**
8. Describe any special accommodations the new hire may require participating in training and coaching.  
\_\_\_\_\_



**Spiral Up Academy Level 1  
New Hire Referral Form**



**Director and Center Information**

Director's Name: (printed) \_\_\_\_\_

Name of Center: \_\_\_\_\_

Address of center: \_\_\_\_\_

Center phone number: \_\_\_\_\_

Director acknowledgement statement:

\_\_\_\_\_ (referral's name) has my support to participate in the Early Childhood Workforce Development Spiral Up Program.

Please initial each item below:

\_\_\_\_\_ I agree to provide encouragement to this employee throughout the Spiral Up program.

\_\_\_\_\_ I agree to make every effort to allow this employee to leave work with enough time to participate in every training and coaching session before the scheduled start time.

\_\_\_\_\_ I understand coaching is professional development and I agree to allow the applicant time during work hours (on the clock) for coaching conferences via zoom for 30 minutes once a week.

\_\_\_\_\_ I agree to notify University of Nevada Reno Extension of any changes that may directly affect the referred person's participation in the Spiral Up Program.

\_\_\_\_\_ I agree to attend the Spiral Up Director Orientation at the beginning of the Academy and the Coaching Transition Meeting during week 8 of the Academy.

\_\_\_\_\_ I agree to complete a follow-up survey after the conclusion of the Academy.

\_\_\_\_\_  
Director's Signature

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

\_\_\_\_\_  
E-mail address

Upon acceptance of this referral, you and your new hire will receive an email with more information.

**Early Childhood Workforce Development  
Spiral Up Academy Level 1**



***Participant Agreement***

*Please initial each item below*

\_\_\_\_\_ I understand that this is a hybrid program, and I will be required to complete training hours both virtually on Zoom and online.

\_\_\_\_\_ I acknowledge that I have reliable access to a computer, printer and high-speed internet in order to participate.

\_\_\_\_\_ I understand that while participating in virtual trainings, I must be actively participating, on camera and in a place free from distractions.

\_\_\_\_\_ I understand this is a positive attendance program. This means the instructor must account for all training hours for participants. Regular attendance, punctuality and participation are mandatory. Failure to meet this requirement may result in being dropped from the program.

\_\_\_\_\_ I understand I must be on time to each training and remain in class until dismissed by the instructor. Participants missing more than 15 minutes of any virtual training will not receive training hours for that training.

\_\_\_\_\_ I understand I must complete all coursework assigned by the instructor and attend all of the training hours in order to receive a certificate of completion for the Spiral Up Academy Level 1 Program.

\_\_\_\_\_ I understand throughout the coaching program, I must actively participate in all scheduled coaching sessions on Zoom.

\_\_\_\_\_ I give permission, without restriction, to the University of Nevada, Reno Extension to send me text messages to my mobile phone number listed above using Remind.com. I understand I can opt-out anytime.  
(Must download the Remind App to participate)

I have read, understand, and agree to comply with the above statements.

\_\_\_\_\_  
Participants first and last name (please print)

\_\_\_\_\_  
Participants Signature

/\_\_\_\_\_  
Date