# Facilitator Coach Credentialing Tracking Sheet:

County: \_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date of HFW Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YFTI Credentialing Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Advanced Training (8hrs)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Topic** | **Hour/s** | **Requirement** | **Reviewed By** | **Date Completed** |
| Advanced Training |  |  | Pre-training approval from coach |  |  |
| Post training reflection with coach |  |  |
| **Activity** | **Topic** | **Hour/s** | **Requirement** | **Reviewed By** | **Date Completed** |
| Advanced Training |  |  | Pre-training approval from coach |  |  |
| Post training reflection with coach |  |  |
| **Activity** | **Topic** | **Hour/s** | **Requirement** | **Reviewed By** | **Date Completed** |
| Advanced Training |  |  | Pre-training approval from coach |  |  |
| Post training reflection with coach |  |  |

**Coaching Circuit (One for each Facilitator being recredentialed)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **One Complete Coaching Circuits Activity for Each Facilitator in ATCR** | | | | | |
| **Activity-Coaching Circuit (**complete) | **Start/PDP Date** | **Topic** | **Workforce participants** | **Circuit/ tool completion date** | **Submission of PDP, circuit outline/tool, scoring tools for modeling, BR and live demonstration** |
| Coach Circuit |  |  |  |  |  |

**Credentialing Facilitator Packet Submission (1 for each Facilitator being recredentialed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Submit two videos for IRR review and scoring tools for all** | | | **Reviewed By and Date** |
| Orient the Family | 1 Pass | Scoring tool |  |
| First Team Meeting | 1 Pass | Scoring tool |  |
| Crisis Meeting | 1 Pass | Scoring tool |  |
| Follow-up Team Meeting | 1 Pass | Scoring tool |  |
| Transition Team Meeting | 1 Pass | Scoring tool |  |
| **Submit two documents for IRR review and scoring tools for all** | | | **Reviewed By and Date** |
| Discovery | 1 Pass | Scoring tool |  |
| Action Plan | 1 Pass | Scoring tool |  |
| FA | 1 Pass | Scoring tool |  |
| Crisis Plan | 1 Pass | Scoring tool |  |
| Transition Plan | 1 Pass | Scoring tool |  |
| Contact Notes | 1 Pass | Scoring tool |  |