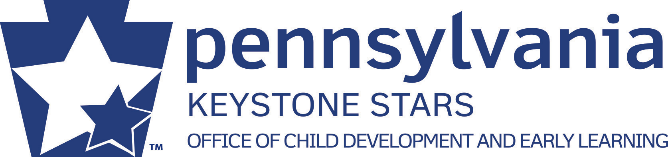
****



**MID-STATE REGIONAL KEY**

**Rising STARS Mentee Application**

**INTRODUCTION TO THE PROGRAM:**

We are very excited have you apply for the Rising STARS Mentoring Program. Below you will find the Mentee application for this exciting program. This program has been designed to facilitate partnerships between providers and engage in reflective processes by matching you with a mentor to aid you and your program to

advance from a **STAR 2 to a STAR 3 in the Keystone STARS Program.**

Mentees who participate in this program will be assigned to a single mentor, or if an individual feels that they work better in a group setting, there is potential to establish cohorts that will move through the process together. An individual applying to be a mentee should explain their preference in the open ended response section of their application. Each Mentor-Mentee match will be assigned by a selection committee comprised of Mid-State Regional Key Staff and the Mid-State Regional Key Mentor Specialist. This Specialist will also oversee the partnership and monitor the progress of the Mentee as they work through the STARS Standards. The Mentor will be the Mentee’s first point of contact, but the Mentoring Specialist will be available to address any issues or concerns that may arise.

Again, we are very excited to be offering such a beneficial program that allows all parties involved to gain something so valuable in the field of Early Childhood Education. After all, we are all working towards the common goal of providing the highest quality of care for the children and families in our communities. Let us learn and grow from each other as we continue this journey.

If you are interested in joining this program, please complete the attached application. You may return it to me either by mail, fax or email. Please sign and include the acknowledgement page.

Sincerely,

Carol Heagy

MSRK Mentor Specialist

29 N. Duke St.

York, PA 17401

[cheagy@childcareconsultants.org](mailto:cheagy@childcareconsultants.org)

Phone: (717) 771-8587

Cell: (717) 818-8475

FAX: (717) 848-2167

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long in current position: \_\_\_\_\_\_\_\_\_\_\_\_ How long employed in childcare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MPI #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Keystone STARS Level: \_\_\_\_\_\_\_\_\_\_\_\_ STARS Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STARS Specialist/Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National Accreditation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Renewal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of facility:** \_\_\_\_ For Profit \_\_\_\_\_Non-Profit \_\_\_\_\_\_ I am the owner

**\_\_\_\_\_**Family Child Care Home \_\_\_\_\_Group Child Care Home \_\_\_\_Center \_\_\_\_ SACC Only

**Enrollment Information: Check the age components that you serve**

\_\_\_\_\_ Infants \_\_\_\_\_ Young Toddlers \_\_\_\_\_ Old Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School Age

Total current enrollment: \_\_\_\_\_\_\_\_\_\_\_ Number of Staff: \_\_\_\_\_\_\_\_ Full Time \_\_\_\_\_\_\_\_ Part Time

**Applicant Educational Qualifications:**

**Highest Education Level/Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a current PA Director’s Credential?** \_\_\_\_ No \_\_\_\_ Yes – Expiration Date**: \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_** Currently enrolled in the PA Director’s Credential Program

**Are you currently enrolled working toward: \_\_\_\_** Associate’s Degree \_\_\_\_\_ Bachelors’ Degree

\_\_\_\_\_ Master’s Degree List Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your PA Keys PD Registry ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please reflect and complete the following questions:**

1. Why would you like to be a Keystone STARS Mentee?
2. What resources and supports are you looking for to assist you in moving to a STAR 3?
3. Please select the standard(s)/topic(s) that you feel you would like the most help with (you may select more than one);

\_\_\_\_\_\_ Staff Qualifications and Professional Development \_\_\_\_\_\_ ITERS

\_\_\_\_\_\_ Child Observations/Assessment Tools \_\_\_\_\_\_ ECERS –R

\_\_\_\_\_\_ Curriculum \_\_\_\_\_\_ ECERS -3

\_\_\_\_\_\_ Family Engagement \_\_\_\_\_\_ SACCERS

\_\_\_\_\_\_Business Policies/Procedures \_\_\_\_\_\_ FCCERS

\_\_\_\_\_ PAS (Program Administration Scale/for Centers) \_\_\_\_\_\_ CLASS

\_\_\_\_\_ BAS (Business Administration Scale for Family Childcare)

1. Tell us about your learning style. Would you work better in a small group (cohort) or one on one?
2. What is the maximum distance you are will to travel – one way to meet with a mentor?

\_\_\_\_ less than 10 miles \_\_\_\_ 10-25 miles \_\_\_\_26-40 miles \_\_\_\_41-60 miles \_\_\_\_ 60+ miles

1. Do you have a substitute to take your place while being mentored? Tell us what plan is in place while you are not at your facility or program.
2. Do you have access to a computer with internet? What programs and/or software are you comfortable using? Do you have Skype or Face Time?
3. What day(s) and times are best for you to leave your facility to meet with your mentor?

Daytime, during the week, evenings during the week, weekends?

1. What is your primary language? Do you need a translator if English is not your first language?

**I acknowledge that I have completed the Rising STARS Mentee Application in its entirety and**

**understand that I may or may not be selected by the Mid-State Regional Key to participate.**

**I also acknowledge that if I am selected to be a mentee that I will abide by all the procedures, policies,**

**and agreements of the MSRK Rising STARS Mentoring Program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Mentee Applicant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Mentee Applicant**

**MAIL, EMAIL, OR FAX COMPLETED APPLICATION TO:**

MID-STATE REGIONAL KEY MENTORING PROGRAM/ATTN: CAROL HEAGY

29 N. Duke Street

York, PA 17401

FAX: 717-848-2167

[cheagy@childcareconsultants.org](mailto:cheagy@childcareconsultants.org)

MSRK use: MENTEE

Received:

Notes:

*Updated July 2017*