

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

Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all that apply:

Current FAST® level Certification(s): Infants & Toddlers \_\_\_ Elementary School \_\_\_ Middle School \_\_\_ High School \_\_\_

Are you able to facilitate groups in any language other than English? \_\_\_ Please specify languages: \_\_\_\_\_

How would others describe your strengths and weaknesses as a Certified FAST® Trainer?

Talk about your experience giving constructive feedback to others during FAST® trainings.

What was the impact of FAST® on your school and community?

Describe a challenge that one of your FAST® team(s) faced? How did you empower them to overcome this challenge?

Describe a FAST® situation in which parents were not empowered and what your role was in addressing this.

As an internship is required for second certification, do you have a plan for participating in a FAST® cycle to complete your FAST® Trainer Internship? Please describe:

- I have read, understand and agree with the FAST® Trainer Intern Path to Certification.
- I understand that I will be required to complete State and Federal Criminal History Checks prior to serving as a Certified FAST® Trainer when contracting through Families and Schools Together, Inc.

Name (printed): \_\_\_\_\_

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