

Name (printed): _____

Organization: _____ Title: _____

Address: _____

Email: _____ Phone: _____

1. Indicate your current FAST® Level Certification(s): Early Childhood (ECE) Elementary School Middle School High School

2. Are you fluent in/able to facilitate groups in any language(s) other than English? Yes No N/A

If yes, please specify:

3. How many cycles have you trained in the last 3 years?

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

5. Describe your experience giving constructive feedback to others during FAST® trainings.

6. How did the FAST® Program impact your school and community?

7. Describe a challenge that one of your FAST® teams faced. How did you empower them to overcome this challenge?

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

9. 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 explain:

I have read, understand, and agree with the FAST® Trainer Intern Path to Certification.

I understand that I will be required to complete a background check prior to serving as a FAST Trainer when contracting through Families and Schools Together, Inc.

Signature: _____ Date: _____