

Reflective Evaluation Information Sheet

IdahoSTARS ★ 121 West Sweet Ave ★ Moscow, ID 83843 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

In order to receive training hours for attending training, child care providers must complete and submit the Reflective Evaluation.

Note: This online evaluation must be filled out **two weeks after** the training at idahostars.org. The evaluation will only be open for you to complete up to three months after the training date. Your training hours will automatically be added to your IdahoSTARS training transcript once your Reflective Evaluation is submitted online and all other requirements for the training are completed. The IdahoSTARS Training Office will email your certificate to you upon completion of the training requirements.

STEPS TO COMPLETE REFLECTIVE EVALUATION

1. Go to idahostars.org
2. Visit the **IdahoSTARS Training Calendar**
3. Click on 'Go To Training Menu' (upper left corner)
4. Click on 'Login' under 'My Account' in the left column
Note: If you are **new to IdahoSTARS Training Calendar** you need to click the 'Create New User' link. Please enter your full legal name, email address, and choose a user name and password of your choice.
Important Note: New user accounts take one business day to activate, so remember your user name and password - both are case sensitive!
5. Login with username and password
6. Select 'Reflective Evaluation' under 'IdahoSTARS Training' in the left column
7. Select the training title you want to complete the evaluation
8. Fill in your evaluation and click 'Complete' at the bottom of evaluation

Your **IdahoSTARS Provider Training Log** is automatically updated with the new training hours.

Your **certificate for the training** will be emailed to you upon the completion of the training requirements.

Note: If you need assistance managing your Provider Training Account, please contact the IdahoSTARS Training Office by calling the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588 and ask for the IdahoSTARS Training Office.

TRAINING INFORMATION

Training Title: _____

Trainer's Name: _____

Date of Training: _____

Complete Reflective Evaluation after this date: _____

(Two weeks after training date)