



National Lekotek Center - a division of Anixter Center
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AblePlay™ Toy Rating System: www.ableplay.org



APPLICATION FOR LEKOTEK LEADER TRAINING
Lekotek Leader Certification

The Lekotek Leader certification option is offered specifically for individuals who will be working in an already established Lekotek site or for those individuals who have begun the site development process through the National Lekotek Center. This application is the first step in the certification process and will be reviewed prior to the Lekotek Leader Training. *Only those individuals who meet the necessary criteria will be approved for training to become a certified Lekotek Leader.* Criteria include a minimum of a bachelor's degree in special education, therapeutic degree, as well as experience working with children with disabilities in an internship type situation. Once your application has been processed, you will be sent a letter, along with other important information, confirming your registration for the certification training.

**For applicants who do not meet the above criteria, your supervisor needs to complete the "Lekotek Training Pre-Approval form." This application needs to be submitted to and approved by National Lekotek to ensure qualification to participate in training.*

The training staff will also use this application to review personal objectives and interests to better meet the needs of each participant. For this reason, please fill out this form thoroughly and completely and return promptly. Thank you.

Preferred dates of training: _____

Personal data

Name: _____
Last First Middle

Name you wish to appear on certificate: _____

Home address: _____

Home telephone: _____ E-mail address: _____

Lekotek agency: _____

Lekotek telephone: _____

Academic Experience

List in chronological order all colleges and universities attended.

1. Name of Institution: _____

City and state: _____

Dates of attendance: _____ 19 _____ to _____ 19 _____

Major: _____

Degrees/credits completed: _____

Date of Degree: _____

2. Name of Institution: _____

City and state: _____

Dates of attendance _____ 19 _____ to _____ 19 _____

Major: _____

Degrees/credits completed: _____

Date of Degree: _____

3. Name of Institution: _____

City and state: _____

Dates of attendance _____ 19 _____ to _____ 19 _____

Major: _____

Degrees/credits completed: _____

Date of Degree: _____

List college courses and seminars you have attended that focused on disability, families and/or children.

Employment history

List employment, including present, in chronological order. Please include employer name, inclusive dates, job title and description, ages and disabilities of people served, responsibilities for paid or volunteer work relevant to personal goals. Please indicate whether each position was paid or voluntary.

1. Current/last position: _____

2. Previous position: _____

3. Previous position: _____

Briefly note topics and personal interests you'd like to see covered in this training

How do you intend to implement your Lekotek training?

What experience do you have with computers and assistive technology?

Please list your strengths and weakness in working with children with disabilities. What populations are you uncomfortable providing service to?

CANCELLATION POLICY: Due to the preparation time, materials costs and other unforeseen costs, National Lekotek center has the following cancellation policy: If training is cancelled more than 24 hours in advance then a full refund will be provided with only a \$150 cancellation fee. If training is cancelled with less than 24 hours then no refund will be provided however an alternate person may attend that training for up to one year from that time with a \$150 fee.

***PLEASE ATTACH APPLICANT RESUME WITH THIS APPLICATION**

I hereby certify that the information given by me on this application is complete and accurate.

Signature: _____ Date: _____