



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



## Lekotek Leader Training Pre-Approval Form

\*prior understanding of disabilities is essential to participate in the Lekotek Leader Training

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

Applicant: \_\_\_\_\_

Lekotek Site: \_\_\_\_\_

City, State: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date of training seminar desired \_\_\_\_\_ (please note – published dates for Lekotek Training are scheduled to change so confirm dates with National Lekotek Center or visit [www.lekotek.org](http://www.lekotek.org))

To be completed by training applicant:

1. Please state the experience (volunteer and work) that demonstrates your educational, professional and philosophical to qualify for Lekotek Leader Training.

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2. If you have limited experience in children with disabilities and/or child development, please state how you will increase this knowledge (please note this does not include Lekotek Leader training or Lekotek employment) and be specific. For example; taking a class at a community college.

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3. Include any additional information you would like to highlight.

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To be completed by supervisor:

4. Please state the steps that you made to find someone who meets the educational, professional and philosophical requirements as published in the Lekotek Minimum Standards of Operation.

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a. How long was your search?

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b. Where did you advertise and recruit?

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5. How long has the position been vacant?

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6. Why do you feel this applicant would be an effective Lekotek Leader?

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

Applicant Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_