

Election Training and Certification

Workbook



The
Elections
Group

AFFIDAVIT OF VOTER

I affirm under penalty of perjury that I am a United States citizen and an eligible elector; I have been a Colorado resident for at least twenty-two days immediately before this election; I am registered to vote at my sole legal place of residence; I will be at least eighteen years of age on election day; I voted the ballot that was issued to me; and this is the only ballot I have voted in this election.

Required Date 10-25-17
Requerido Fecha

Sign, he or she must make a mark above and below the witness's full name below.
Firmar: él o ella debe hacer una marca arriba y abajo en letras de molde el nombre completo o

Election Training and Certification Plan

FOR

(YOUR STATE'S NAME)

Section 1

Plan Development

This plan was developed by the following:

Name	Role	Signature

Section 2A

Program Ownership

This program is owned by:

The program owner is responsible for the following:

- Registering learners
- Tracking learner progress
- Communicating with learners and instructors
- Recruiting and managing instructors
- Procuring facilities for in-person courses
- Providing course materials and supplies
- Managing finances

Section 2B

Partner Organization

A program partner organization is:

The program partner is responsible for the following:

- Registering learners
- Tracking learner progress
- Communicating with learners and instructors
- Recruiting and managing instructors
- Procuring facilities for in-person courses
- Providing course materials and supplies
- Managing finances

Section 3

Program Ownership

This program will be managed by:

Name	Role	Signature

Section 4

Program Audience

Local Election Officials	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Optional
	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Optional
	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Optional
	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Optional

Section 5

Program Logistics

Format	<input type="checkbox"/> Online <input type="checkbox"/> In Person
Online Course Length	<input type="checkbox"/> 2 hour (recommended) <input type="checkbox"/> 4 hour <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
In Person Course Length	<input type="checkbox"/> 2 hour <input type="checkbox"/> 4 hour (recommended) <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
Where are courses held?	<input type="checkbox"/> At a central location within the state <input type="checkbox"/> Regionally <input type="checkbox"/> Online <input type="checkbox"/> Other _____

Section 6

Certification Requirements

Number of courses required to achieve certification	
Minimum time to achieve certification	

Section 7

Costs and Budget

The following costs are associated with the program	
The program will be supported by funds from	
The program will charge participants a registration fee per course of	

Section 8

Training Courses

Course Title	Course Description

Building a Training Course

Instructions: Give each committee member a copy of this worksheet. For your chosen courses, give committee members time to brainstorm the most important skills and knowledge for learners to gain from each course.

1. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

2. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

3. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

4. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

5. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

6. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

7. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

8. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

9. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

10. Course Title: _____

Skills and knowledge to be gained:

A. _____

B. _____

C. _____

Lesson Plan

Lesson Title: _____

Date and Time: _____

Instructor Name: _____

Learning Objectives

By the end of the course, students will be able to:

1 _____

2 _____

3 _____

	Content, Activities, and Media to Use	Time
Warm-Up <i>Review classes current level of knowledge and create an environment for learning.</i>		
Introduction <i>Create motivation for the new topic. What is in it for the learner? Do not start the lesson yet, just create interest in it.</i>		
Presentation <i>Teach the new knowledge and skills using a variety of strategies.</i>		
Practice <i>Let the student practice the new knowledge or skills. Make it safe for them to make mistakes. The best lessons have more practice than presentation.</i>		

<p>Evaluation</p> <p><i>Evaluate the students to see if they can perform the skills just practiced. Use a checklist, quiz, report-back session, or other means of assessment.</i></p>		
<p>Application</p> <p><i>Create an activity in the classroom where students apply the new knowledge or skill to their own lives. Simulate real world application of the skill as much as possible.</i></p>		
<p>Reflection</p> <p><i>Create an activity that asks students to reflect on what they have learned and how and when they will use it.</i></p>		
<p>Total Time to Complete Lesson</p>		

Materials

Preparation Activities

<p>Student Feedback</p>	
<p>Instructor Notes</p>	

Last updated on: _____



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