

## Local Program Qualified Facilitator and Supervisor Verification Form

Louisiana CASA Association is required to maintain a list of Qualified Facilitators for the National CASA/GAL Association Volunteer Pre-service Training Curriculum. The Louisiana CASA Association is also asked by National CASA/GAL Association to track that all staff supervising CASA Volunteers have completed the National CASA/GAL Association Volunteer Pre-service Training Curriculum within 6-months of hire.

Local Program Directors are required to provide documentation using this form and submit it with their annual Louisiana CASA Association Membership Agreement.

Changes to a Local Program's Qualified Facilitator(s) should be reported to Louisiana CASA within one week of the change. Examples of changes may include the loss of a staff member who is a Qualified Facilitator and primarily facilitates the National CASA/GAL Association Pre-Service Training Curriculum.

### Required National CASA/GAL Association State Standards:

A State Association must:

- A. Have at least one Master Facilitator trained for the state according to National CASA/GAL standards who will either provide training or equip local facilitators to deliver training to local program volunteers.
- B. Louisiana CASA provides this by offering two TOF trainings per year for local program staff. This training is offered by the Louisiana CASA Master Facilitator.
- C. Ensure delivery is conducted by facilitators who have met the requirements established by National CASA/GAL.
- D. Ensures all program facilitators have previously completed a CASA/GAL volunteer pre-service training, received some form of training by the state organization or National CASA/GAL, or have co-facilitated his/her first CASA pre-service training with a facilitator who has received some form of training by the state organization or National CASA/GAL.
- E. Ensure all pre-service curriculum must be delivered by a facilitator who is prepared and deemed ready to deliver training to volunteers. Preparation can include (but is not limited to):
  1. Attending a training of facilitator preparation course facilitated by the National CASA/GAL Association.
  2. Attending a training of facilitator preparation course facilitated by Louisiana's Master Facilitator.
  3. Attending a training of facilitator preparation courses facilitated by another state association's.
  4. Master Facilitator, as approved by Louisiana CASA.
  5. Ensuring local programs are co-facilitating with an experienced facilitator lead.
- F. Ensure all staff who are providing supervision to CASA Volunteers have completed the National CASA/GAL Volunteer Pre-Service Curriculum within 6-months of hire by a qualified facilitator.

### Required National CASA/GAL Association Local Program Standards:

Standard 7. D. 2. Reads,

Newly hired program directors and volunteer supervisors complete the National CASA/GAL Association pre-service training within six (6) months of hire.

Standard 8. C.4. reads,

The National CASA/GAL Association pre-service training must be delivered by a qualified facilitator. A qualified facilitator has previously completed the National CASA/GAL Association pre-service training in accordance with Standard 8.C.1, and

- a. Completed the National CASA/GAL Association Training of Facilitators, or
- b. Completed a training of facilitators provided by the state CASA/GAL organization's facilitator [Master Facilitator] who has completed the National CASA/GAL Association Training of Facilitators, or co-facilitates his/her first pre-service training with a qualified facilitator who has completed the training of facilitators offered by the National CASA/GAL Association or state CASA/GAL organization.

Standard 8.C.6 reads,

The program documents that the facilitator completes 12 hours of continuing education annually to include topics related to facilitation, child welfare, and CASA/GAL mission.

*If your program has more than 2 Qualified Facilitators, you may submit more than form. Please fill out even if you have no TOF in your program.*

# Local Program Qualified Facilitator and Supervisor Verification Form

Please complete the following:

|                      |  |
|----------------------|--|
| Program Name         |  |
| Director Name/Title  |  |
| Program Phone Number |  |
| Email Address        |  |

**Program Staff 1:**

|   |  |  |  |
|---|--|--|--|
| <b>Name</b>   |  | <b>Position</b>  |  |
| <b>Employment Start Date</b>  |  | <b>Pre-Service completion date</b>                                 |  |
| <b>TOF Completion Date</b>  |  | <b>TOF Completed with (NCASA, LA, Other State) Please specify,</b> |  |
| <b>Co-facilitated* w/Qualified Facilitator</b> , please specify completion date and name of Qualified Facilitator |  |  |  |
| <b>Is a TOF completion certificate available for this Qualified Trainer?</b>                                      |  | <input type="radio"/> Yes <input checked="" type="radio"/> No      |  |
| <b>This Qualified Facilitator completed 12 hours of continuing education last calendar year</b>                   |  | <input type="radio"/> Yes <input checked="" type="radio"/> No      |  |

\*This facilitator is **NOT** qualified to serve as a lead co-facilitator with new staff needing to obtain Qualified Facilitator status.

**Program Staff 2:**

|   |  |  |  |
|---|--|--|--|
| <b>Name</b>   |  | <b>Position</b>  |  |
| <b>Employment Start Date</b>  |  | <b>Pre-Service completion date</b>                                 |  |
| <b>TOF Completion Date</b>  |  | <b>TOF Completed with (NCASA, LA, Other State) Please specify,</b> |  |
| <b>Co-facilitated* w/Qualified Facilitator</b> , please specify completion date and name of Qualified Facilitator |  |  |  |
| <b>Is a TOF completion certificate available for this Qualified Trainer?</b>                                      |  | <input type="radio"/> Yes <input checked="" type="radio"/> No      |  |
| <b>This Qualified Facilitator completed 12 hours of continuing education last calendar year</b>                   |  | <input type="radio"/> Yes <input checked="" type="radio"/> No      |  |

\*This facilitator is **NOT** qualified to serve as a lead co-facilitator with new staff needing to obtain Qualified Facilitator status.

I hereby acknowledge the verification of the individual(s) listed above as Qualified Facilitators as listed in the National CASA/GAL Association Standards for Local Programs.

\_\_\_\_\_  
Signature of Executive Director/Program Director

\_\_\_\_\_  
Date

