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|  | **DSHS Virtual ClassroomTraining Application** |  |
| DATE |
| CONTACT NAME | PHONE NUMBER | EMAIL ADDRESS |
| TRAINING PROGRAM NAME | TRAINING PROGRAM NUMBER |
| “Virtual classroom” means a synchronous, instructor-led, remote learning environment conducted in real time using video conferencing technology that allows:1. For two-way audio and video communication between the instructor and all students;
2. The instructor to monitor student engagement;
3. The instructor and students to participate, interact, present, show work, and ask and answer questions;
4. The instructor to break students into virtual small groups for work and discussion if required by the curriculum;
5. The instructor to monitor each small group individually as they work and interact;
6. The instructor to maintain a record of attendance;
7. The student to be able to provide feedback and evaluation at the end of course.
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| **Please provide the following information:** |
| 1. What video conferencing software or application will you use for your virtual classroom (i.e., Zoom, Skype, etc.)?

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| 1. How will you modify your classroom activities for effective instruction in a virtual classroom environment? (Please provide at least (3) three examples.)

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| 1. What courses will you offer through the virtual classroom?

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| 1. How do you provide training materials to learners?

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| 1. How will you verify identification of the students?

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| 1. For courses requiring tests, how will you administer and proctor the tests?

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| 1. DSHS requires that you either submit a recorded demonstration of the virtual classroom in use, or schedule an opportunity for the department to view a live example of the virtual classroom.

[ ]  I have included a recorded sample of the virtual classroom environment with this application.[ ]  Please contact me to schedule a live example of the virtual classroom and provide some dates and time you are available for live demonstration. |
| Please submit your completed application to TrainingApprovalTPC@dshs.wa.gov. |